

# DERMATOLOGY CLINIC FOR ANIMALS LAS VEGAS

Las Vegas Animal Emergency Clinic  
5231 W. Charleston Blvd.  
Las Vegas, NV 89146

Phone: (702) 821-1002 Fax: (702) 821-1007

Two Locations:

Animal Emergency Center  
3340 E. Patrick Lane  
Las Vegas, NV 89120

Phone: (702) 434 - 1002 Fax: (702) 434 - 1058

Visit us on the Web at [www.dermvetvegas.com](http://www.dermvetvegas.com)

## “Cocker Ears”—Fact or Fiction

Chronic otitis is a common medical condition in dogs, and Cocker spaniels are certainly a breed predisposed to chronic ear infections. This breed predisposition has unfortunately led to an assumption among some pet owners and veterinarians that “Cocker Ears” are an unavoidable and untreatable condition, which is a misconception. If the primary, predisposing, and perpetuating causes for recurrent ear disease are aggressively treated at an early stage, before irreversible hyperplastic changes develop, otitis in Cocker spaniels (and any breed) can be controlled.

**Primary causes for otitis** that are most common in Cocker spaniels are food allergy and atopy. Although allergic dermatitis may also be present, otitis may be the only sign of allergy in dogs. Although food allergy can occur at any time in life, it should be especially suspected if nonseasonal symptoms begin before 6 months of age or after 5 years of age. The diagnosis and treatment for food allergy is the hypoallergenic diet trial; serology for food allergy is not accurate in



animals. Atopy occurs most commonly between the ages of 6 months to 5 years, and symptoms may be seasonal or nonseasonal depending on what the dog is allergic to. The diagnosis of atopy is

made by excluding possible food allergy with lack of clinical response to a hypoallergenic diet trial. The purpose of allergy testing, whether serology or intradermal, is to identify pertinent allergens to include in a hyposensitization vaccine. Other potential primary causes for otitis in

Cockers include otic foreign bodies or tumors, autoimmune conditions (such as pemphigus, lupus, or drug eruptions), and keratinization disorders which alter skin lipid metabolism (such as hypothyroidism and rarely primary seborrhea).

**Predisposing factors for otitis** are factors which, by themselves cannot cause otitis, but can predispose an

animal with a primary disease to develop otitis. Common predisposing factors in Cockers include pendulous ear pinnae or excessive hair around the canals, which increases moisture in the canal, use of irritat-



ing topical cleansers or powders, and accumulation of water in the ear canal due to swimming or post grooming. These factors can usually be addressed by clipping excessive hair away from the ear canal, and by appropriate use of mild astringent ear cleaners and avoidance of irritating products. Although lateral ear canal resection may help drainage and facilitate cleaning in some dogs, this surgery does not address the underlying primary cause for otitis and thus otitis usually continues to recur and progress post surgery.

**Perpetuating factors for otitis** are diseases which will continue to cause ear canal inflammation, even after the primary cause has been addressed. In Cocker spaniels, the most common perpetuating factors are bacterial or yeast otitis externa and media. The chronic infections and canal inflammation in turn stimulate proliferative changes (glandular hyperplasia and scarring) in the ear canals. These proliferative ear canal changes have been documented to occur much more rapidly and severely in Cocker spaniels compared to other breeds of dogs, making the early aggressive treatment of the primary causes and secondary ear infections much more urgent in this breed. Once irreversible canal calcification has occurred, surgical ear canal ablation is left as the only curative treatment option. Treatment of bacterial or yeast otitis externa can often be achieved with topical antimicrobial medications and regular cleaning. Chronic recurrent infections usually involve the middle ear, and topical and systemic antimicrobial therapy based on ear culture may be required for 1-3 months. Additionally, accumulated debris in the horizontal canal and middle ear will perpetuate infection, so sedation or anesthesia for deep ear flush and/or video-otoscopy is usually necessary to achieve cure.