

Listen Up! Preventing Chronic Otitis Externa

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Otitis externa (OE) is a common and often recurrent condition in small animal practice. While treatment is frequently emphasized, prevention is critical to reducing recurrence, improving patient comfort, and minimizing client frustration and cost. A proactive, structured approach centered on early recognition, identification of underlying causes, and consistent maintenance therapy is essential for long-term success.

Recurrent OE should be recognized early, as repeated episodes often indicate an underlying, unresolved condition. Patients presenting with otic pruritus should undergo thorough evaluation, including cytology and otoscopic examination, at every visit. These diagnostics are essential for identifying infectious agents, assessing inflammation, and evaluating ear canal structure.

The pathogenesis of OE is best understood using the “3 P’s” framework: primary, predisposing, and perpetuating factors. Primary causes include ectoparasites, allergic disease, endocrinopathies, foreign bodies, and neoplasia. Predisposing factors, such as excessive moisture, cerumen accumulation, stenotic canals, and hair within the ear canal, increase susceptibility to disease. Perpetuating factors—including bacterial infection, *Malassezia* overgrowth, and otitis media—maintain and worsen inflammation. Successful prevention requires identification and management of all contributing factors.

Allergic disease is a leading cause of recurrent OE, with both atopic dermatitis and food allergy commonly affecting the ears. Differentiation may be guided by history, including age of onset and seasonality, although overlap is common. Regardless of etiology, effective management of allergic inflammation is central to prevention. Systemic therapies (e.g., glucocorticoids, oclacitinib, cyclosporine) and topical anti-inflammatory treatments are often required.

Routine ear care plays a key role in prevention. Regular use of appropriate ear cleaners helps control moisture, remove debris, and maintain a healthy ear canal environment. Acidifying cleaners are particularly useful in moisture-prone ears, while cerumenolytic products are beneficial in patients with excessive wax production. Maintenance cleaning protocols should be individualized based on patient needs and owner capability. Use of topical steroids is also paramount in preventing OE from recurring.

Owner compliance is a major determinant of success. Simplified treatment plans, clear communication, and client education are essential. The “K.I.S.S.” principle (Keep It Simple and Straightforward) should guide recommendations, as even the most effective protocol will fail if it is not followed consistently.

Adjunctive strategies may further enhance prevention. Proactive, intermittent use of topical glucocorticoids can reduce inflammation without significantly altering normal otic flora. Combination therapies, including ear cleaners with added anti-inflammatory or antimicrobial agents, may improve ease of use and efficacy, although stability and formulation should be considered.

Infectious complications should be addressed promptly and completely before transitioning to maintenance therapy. Following resolution, continued preventative care—such as routine cleaning and intermittent topical therapy—can significantly reduce recurrence rates.

Feline OE presents unique challenges, including increased likelihood of ectoparasites, subtle *Malassezia* infections, and the potential for underlying masses or middle ear disease. Thorough diagnostic evaluation is essential, and topical therapies should be used cautiously.

Finally, clinicians should consider alternative diagnoses in patients with persistent or atypical signs, including neurologic, dental, or structural causes of ear discomfort.

In summary, prevention of OE requires a comprehensive, individualized approach that emphasizes accurate diagnosis, management of underlying disease—particularly allergies—routine ear care, and strong client communication. By shifting focus from reactive treatment to proactive prevention, clinicians can significantly improve outcomes in patients with recurrent otitis externa.