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Surgical Treatment of Auricular Tumour in a Labrador – A Case Report

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Abstract

A nine year old intact male Labrador Retriever weighing 20kg was presented to the Madras Veterinary College Teaching Hospital with the history of small nodules on the left ear pinna and rapidly spreaded within a week. Physical examination revealed firm, ulcerated nodules, pinkish in color, around 2 cm in diameter each. Based on clinical examination and cytology, the case was diagnosed as cutaneous histiocytoma. Radical pinnectomy with vertical ear canal ablation was performed under general anaesthesia. Animal recovered uneventfully on 10th post-operative day without any complications.

Key words: cutaneous histiocytoma, dogs, auricular tumour

Canine cutaneous histiocytoma is a tumour that generally arises as a solitary lesion in young dogs (< 4 yr old). Brachycephalic breeds, such as boxers and bulldogs, were predisposed, although Scottish terriers, Doberman pinschers, and Cocker spaniels also were reported to be overrepresented as well (Goldschmidt and Hendrick, 2002). The tumour commonly arises on the head or pinna, but may occur anywhere on the body. It had benign behaviour and treatment is not necessary, although surgery was considered in older dogs or for lesions that do not regress over long periods (Gross *et al*., 1992). This report describes the presentation, diagnosis and treatment of auricular tumour in a labrador.

Case History and Observations

A nine year old intact male Labrador Retriever weighing 20kg was presented to the Madras Veterinary College Teaching Hospital with a history of presence of small nodules on medial and lateral aspect of the left ear pinna which rapidly spreaded within one week time. On physical examination, the nodules were found to be firm, ulcerated, pinkish in color, around 2 cm in diameter each (Fig. 1). Based on cytological examination of the nodules revealed round cells with indented nuclei and confirmed the condition as cutaneous histiocytoma.

Treatment and Discussion

Radical pinnectomy with vertical ear canal ablation of left ear pinna was recommended based on the diagnosis. The dog was premedicated with Inj Tramadol @ 4 mg/kg b.wt IV and Inj Diazepam @ 0.2 mg/kg b.wt IV. General anaesthesia was induced with Inj Propofol @ 4mg/kg b.wt IV and maintained with 1.5% Isoflurane in 100% oxygen. The dog was placed on dorsal recumbency. The site was prepared aseptically. An elliptical incision was made around the base of the left ear pinna. Subcutaneous tissue was dissected and removed. Incision was made on vertical ear canal and removed. Ear pinna along with vertical canal was resected (Fig. 2). Subcutaneous tissue was sutured in simple interrupted pattern using 2-0 PGA. Drain board was placed for drainage and skin was closed in simple interrupted pattern using polyamide No.1. Post-operatively Cefotaxime @ 20 mg/kg P/O BID and Tramadol @ 4mg/kg P/O BID were administered for 5 days. The excised tumour sample was preserved in 10% formalin. Histopathology revealed sheets of round cells and scattered mitoses (Fig. 3). Sutures were removed on 10th day post-operatively. Healing was noticed at the surgical site with the absence of swelling and discharge. The follow up was done forthree months. The animal showed uneventful recovery.

Cutaneous histiocytomas are benign round cell tumours of Langerhans cell origin.

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Fig 1. Photograph showed nodules on lateral aspect of the left ear pinna.

Fig 2. Resected ear pinna and vertical canal.

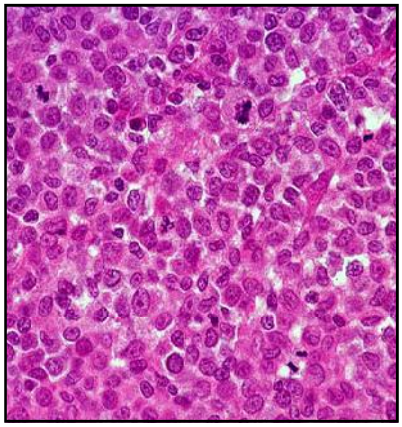

Fig 3. Photomicrograph showed sheets of round cells and scattered mitoses. (Haematoxylin and Eosin Stain, 100X)

It is epitheliotropic in nature. It was commonly observed in young dogs, but can occur in older dogs. It appears as small, raised and ulcerated nodules (Affolter and Moore, 2000). Cutaneous histiocytosis occurred as multiple dermaland rarely subcutaneous nodules in young dogs of any breed (Yager and Wilcock, 1994; Affolter and Moore, 1995). Common sites were head, neck, ear pinna, trunk and limbs including the feet and toes (Bonnett *et al*., 1997). Histopathology may be required for a definitive diagnosis. Most histiocytomas regressed spontaneously without treatment.Surgical excision was usually curative (Kipar *et al*., 1998).

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