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Ryan Hospital

Ear Canal Tumors in Dogs and Cats

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Benign or malignant tumors can develop in the external ear canal of dogs and cats, and arise from the apocrine or ceruminous glands that line the ear canal. These tumors are more commonly seen in cats but can also occur in dogs. Ceruminous gland adenocarcinomas (malignant tumors) are more commonly seen than the benign form (adenomas) in both dogs and cats. There is increased risk for tumors in animals that have a history of chronic otitis (ear infections), and Cocker Spaniels have a particularly increased risk. These tumors are most commonly seen in middle-aged to older animals.

Ceruminous gland adenocarcinomas are locally aggressive and can invade nearby structures including the bones of the skull. These tumors also have the potential to metastasize (spread) to the nearby lymph nodes, salivary glands, or lungs. Adenomas are benign tumors that can grow and compress tissues, but do not usually invade tissues or spread to other areas. Rarely, other cancers can occur in the ear canals, including squamous cell carcinoma or carcinomas of unknown origin. Other benign tumors include inflammatory polyps, papillomas, and basal cell tumors.

Ear canal tumors can appear as firm nodules or plaques in the ear canals and can be pink, white, or purplish in color. These tumors can be ulcerated and cause bleeding or discharge from the ears. They can also cause odor from the ear, pain or itchiness. Vestibular signs, such as tilting of the head, falling to the side, circling, or difficulty blinking, can also be seen with these tumors due to invasion of the tumor or associated infection.

Diagnosis of these tumors requires a biopsy. The tumors may be visualized with deep otoscopic examination, which typically requires sedation or anesthesia. Advanced imaging with CT or MRI may also be recommended to identify the extent of the tumor. A biopsy can be taken during the otoscopic exam or via surgery. Additional tests such as a lymph node aspirate or biopsy and chest x-rays are usually performed in patients with malignant tumors to determine if the cancer has metastasized (spread).

The treatment of choice for ear canal tumors is surgical excision. This can be curative for benign tumors that are completely removed. Aggressive surgery is the treatment of choice for malignant tumors and often involves removal of the ear canal (ablation) and cleaning out the inner ear (bulla osteotomy). This surgery is often referred to as a total ear canal ablation (TECA). Radiation therapy can be utilized in some cases to slow the growth of the tumor or relieve pain. This can also be used for curative intent when surgical excision is incomplete. Chemotherapy may be recommended if the tumor appears to be aggressive on the biopsy or if there is evidence of metastasis.

Malignant tumors are somewhat less aggressive in dogs than in cats. Most dogs can live longer than 2 years after aggressive surgery, and cats live an average of 1 year after aggressive surgery. If conservative surgery is performed, the prognosis is decreased significantly. If there is involvement of the deep parts of the ear (bulla), the prognosis is also worse. Although rare, if there is spread of the cancer to lymph nodes or lungs, the prognosis is poor. Squamous cell carcinoma also carries a poor prognosis, as these tumors behave more aggressively.