

AURAL HAEMATOMA AND ITS SURGICAL MANAGEMENT IN A RABBIT - A CASE REPORT

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ABSTRACT

Aural haematoma in rabbits is a rare condition when compared to dogs, with an incidence higher in those which have long and pendulous ears. A case of unilateral aural haematoma in a one year old New Zealand White male rabbit and its successful surgical drainage under restraint in sternal recumbency and local infiltration with 2% lignocaine hydrochloride is reported.

Key words: Rabbit, Aural Haematoma

INTRODUCTION

Aural haematoma is a condition wherein there is an accumulation of blood within a fractured auricular cartilage and the skin as a result of rupture of the superficial veins due to trauma (Venugopalan, 1999). The incidence of aural haematoma is low in rabbits when compared to dogs and high in those which have long and pendulous ears (Aher *et al.*, 2002).

CASE HISTORY AND OBSERVATION

A one year old New Zealand White male rabbit was brought to Veterinary University Peripheral Hospital, Madhavaram Milk Colony for treatment with a history of swelling and drooping of the left ear flap since three days. Examination revealed a soft, painless, fluctuating swelling extending for about 2 inches on the ear flap from the base of the left ear (Fig.1). Aspiration of the swelling with a sterile syringe and needle revealed a serosanguinous fluid, suggestive of haematoma.



Fig 1: A fluctuating swelling on the left ear flap extending for 2 inches



Fig 2: Haematoma incised and contents drained



Fig 3: Pressure bandage applied over the incised wound

TREATMENT AND DISCUSSION

The rabbit was restrained in sternal recumbency and the external auditory meatus was plugged with absorbable cotton wool. Under local infiltration with 2% lignocaine hydrochloride, the concave surface of the ear flap was prepared aseptically. Incision of about a centimeter length was made on the middle of the swelling and the contents were completely drained (Fig.2). The incised cavity was then flushed with normal saline and the contents were drained. The incised wound was dressed with 5% povidone-iodine solution and a pressure bandage was applied (Fig. 3). Inj. Oxytetracycline @ 5mg/kg b wt im for a week was administered to control secondary bacterial infection. Every third day the pressure bandage was removed, wound cleaned and pressure bandage was reapplied. The wound healed completely in 10 days period and the animal had an uneventful recovery.

Aural haematomas are most apparent on the concave surface of the ear flap (Harari, 1996) and the predisposing causes include an allergy or inflammation of the ear (otitis externa), a foreign body in the ear, wound due to a bite from the member of the fellow group and parasitic mites. They cause an itchiness or irritation to the ear thereby leading to vigorous head shaking or a direct trauma to the ear cartilage due to scratching leading to rupture of tiny blood vessels of the ear flap (Henderson *et al.*, 1985). The rabbit's ear make up approximately 12% of the total body surface area and are lined with an enormous blood

supply which help in regulation of body temperature. The ear veins are fragile and sensitive and for this reason rabbits should not be held by their ears for either to be lifted or to be restrained (Wissman, 2006). The most effective treatment for an aural haematoma include surgical drainage under anaesthesia with xylazine and ketamine combination (Srivastava *et al.*, 2007), whereas in this case the haematoma was incised under local infiltration with 2% lignocaine hydrochloride. Treatment of the underlying cause is the utmost criteria to avoid recurrence of the condition.

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