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HISTOPATHOLOGICAL EVALUATION OF CONJUCTIVA AND PAROTID GLAND AND DUCT AFTER PAROTID DUCT TRANSPOSITION IN DOG

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Canine keratoconjunctivitis sicca (KCS) is a common ocular disease characterized by a variable diminution of the aqueous layer of the precorneal tear film, and resulting in desiccation and inflammation of the conjunctiva and cornea. Parotid duct transposition (PDT) is a surgical procedure whereby the parotid duct and papilla are freed from the buccal mucosa and redirected to the ventrolateral conjunctiva. The procedure is still used in cases where response to medical therapy is poor. Five indigenous mix breed dogs from both sexes were conducted to perform parotid duct transposition under general anesthesia. Parotid duct was cannulated with 1 usp nylone from the oral papilla in labial mocosa at the level of upper carnissial tooth. 1 cm incision parallel to lip border and centered on the cranial border of masseter muscle was made. Parotid duct was transposed to lateroventral conjunctiva. The transected end of the duct was sutured to conjunctiva in four to six simple interrupted pattern using 7/0 vicryl suture. Analgesia was provided by intramuscular injections of required flunexine meglumine and dexamethazone. Medical treatment consisted of chloramphenicol and betamethasone eye drops given three times daily during the first week. Euthanasia was performed 30 days postoperatively and appropriate tissue samples of parotid glands, duct and conjuctiva. The histopathological study revealed evidence of increased connective tissue around the transposed duct, mucosal hypertrophy of conjunctiva, and loss of zymogen granules in acinar cells in some cases, but there were no pathologic changes such as atrophy in parotid glands. Some reported complications of this technique, such as superficial band keratopathy caused by calcium precipitates or a failure to salivate, were not observed in the dogs undergoing PDT in this study. The PDT technique should be considered when no improvement in clinical signs is achieved with other therapies.

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A HORIZONTAL EXTERNAL ACOUSTIC CANAL ATRESIA (HEACA) IN A CAT

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The external acoustic canal (EAC); is a funnel-shaped tube from concha auriculae to the membrana tympani and it has two parts as vertical and horizontal. External acoustic canal atresia (EACA) is a rare disorder that is either congenital or secondary to trauma. Atresia can be seen on different portions of EAC. This disorder is usually seen unilaterally. Clinical signs include otalgia, head shaking and head tilt to the affected side.Due to the localisation of the lesion; lateral ear wall resection, horizontal pull-through with or without vertical external acoustic canal ablation, Lacroix technique, total external acoustic canal ablation, lateral bulla osteotomy and acoustic canal anastomosis techniques can be used for the surgical treatment of this disorder. The aim of this case report is to present a rarely seen disorder which is called horizontal external acoustic canal atresia (HEACA). The material of this case is a 5 years old, male mix breed cat which was brought to Istanbul University Veterinary Faculty Research and Practice Hospital Surgery Clinic. Due to the anamnesis; the patient has a hearing loss, head tilt to the left side and a pain on the same side. The horizontal part of the left EAC could not seen in the direct otoscopic examination and it is thought to be an atresia. Subsequent to clinical examination, video otoscopy and positive canalography was performed. After intravenous catheterisation, medetomidine hydrochloride was injected intravenously with 80 µg per kg dose. HEACA has seen on video otoscopic examination and also diagnosed with positive canalography which is a contrast radiographic imaging technique of the EAC. Altough, different alternative operation techniques was recommended, since the patient owner did not want any operative treatment the patient was taken with an untreated condition.