

Case Report of a Basset Hound with Presumed Ear Margin Seborrhea with Localized Secondary Staphylococcal Pyoderma

Signalment: 8 year old, 82#, Male Castrated, Basset Hound.

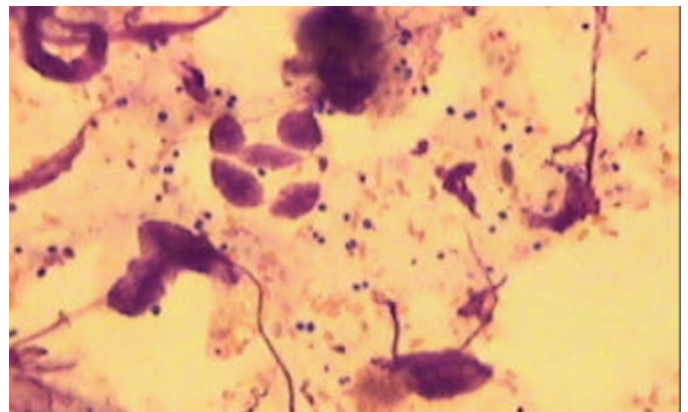
History: “Bailey” was presented for evaluation of crusting on both pinna margins. The lesions had worsened after initially appearing three weeks prior to presentation. The owner was unaware of the cause, and had noted no pruritis or hemorrhage. The dog was an indoor dog, kept as a pet, with no history of exotic travel. The dog was fed commercial dog food with occasional treats. The dog was current on vaccinations (having been vaccinated the previous spring) and was on frontline and heartgard for parasite control but no other medications. The owner had noted no other signs of illness at the time of presentation. No previous treatment had been sought for the lesions.



Left Pinna after scraping scale off

Examination: Both ear margins were heavily crusted with a greasy scale that embedded into the hair of the ear margin. In some areas, the crust was more scab like. The hairs in the area were easily epilated. Beneath the crust, the underlying skin was ulcerated and bled when the crusts were manually scraped away. The dog had no other dermatologic lesions. No evidence of parasites was noted.

Diagnostics: Impression smears from the ear margin areas were made using standard gram stain techniques. These revealed large numbers of gram positive diplo-cocci (40-60/hpf). Gram positive cocci found on skin impression smears can be assumed to be *staphylococcus intermedius*. Trichograms of pucked hairs from the effected areas showed no signs of dermatophytosis. Deep and superficial skin scrapings were negative for parasites.



Pictomicrograph of gram stained impression smear showing numerous diplococci (1000X magnification)

Diagnostic considerations: This case most likely represents an unusual case of ear margin seborrhea that had become secondarily infected, however dermatophytosis or ear margin vasculitis

could not completely be discounted. After discussing these possibilities with the owner, it was decided to treat the secondary infection and judge the dog's response after two weeks. If these were not successful biopsy and fungal culture would be performed.

Treatment plan: I elected to treat the dog with Pavia wound care cream topically twice daily. The owner was instructed to rub the cream into all of the effected areas of crusting.

Two week update: The owner reported the lesions had completely resolved and that new hair was starting to re-grow on the ear margins.

Plan: Topical treatment was stopped, and the owner was instructed to report any re-occurrence of the lesions. One month after treatment, the lesions had not re-occurred.

Discussion: This was a somewhat unusual case, as localized staphylococcal pyodermas often have a clear underlying cause (intertrigo as an example). In this case, once the infection was controlled, the lesions resolved. In my experience, ear margin seborrhea does not resolve without specific therapy. This makes me question the role of *staphylococcus intermedius* as an etiologic agent in these types of cases.

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