



We're all ears! – Answering some of the most common questions about long-acting otic solutions for canine otitis externa

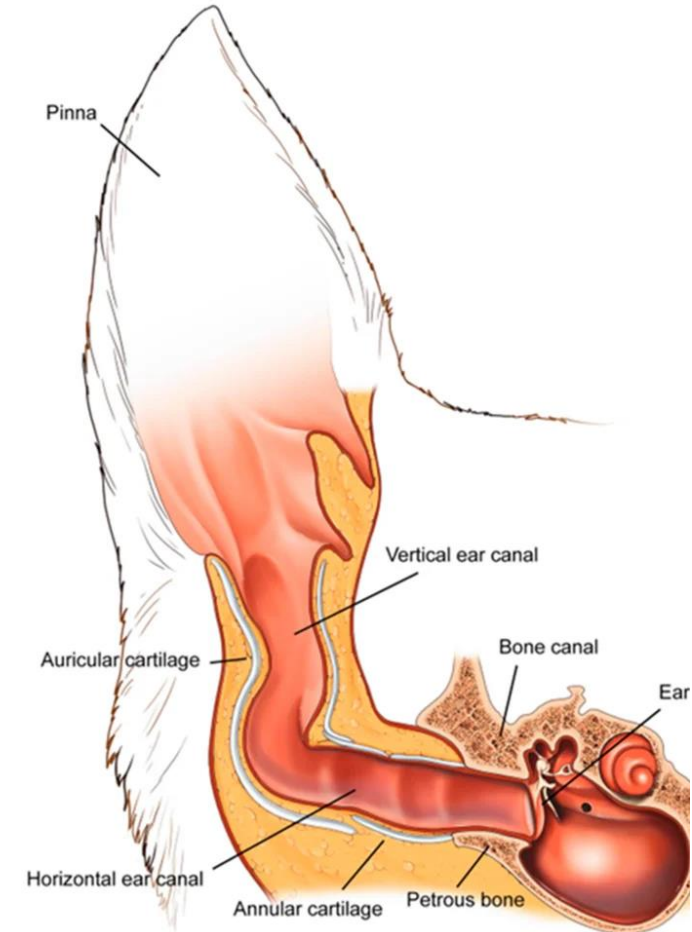
May 19, 2026

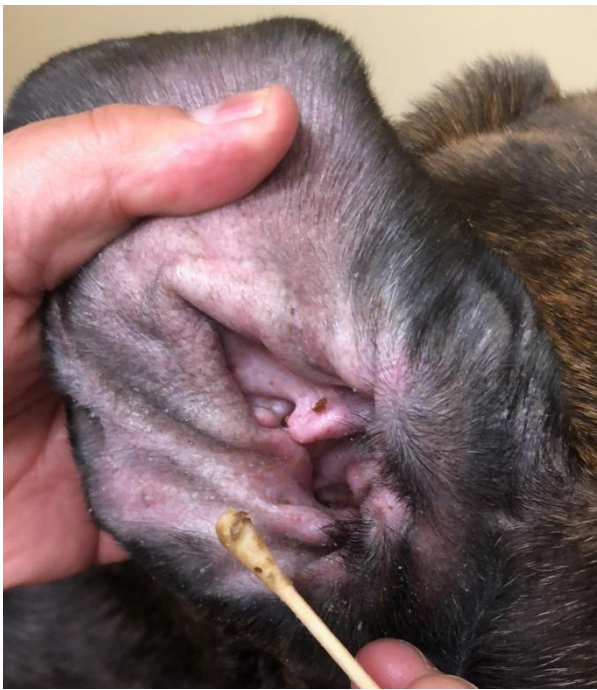
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Otitis externa

- One of the most common conditions treated in small animal practice
- Always secondary!
- Clinical symptoms:
 - Headshaking, rubbing or scratching
 - Malodour
 - Ceruminous or purulent discharge
 - Redness of the pinnae and canals
 - Scaling, crusting
 - Narrowing of the canals





Otitis externa:

Inflammation of the pinnae and/or external ear canal with or without infection



Erythroceruminous:

Erythema with a waxy discharge

Usually associated with *Malassezia* or cocci bacteria, though rods can be seen with chronicity or stenosis

Typically pruritic

No inflammatory cells on cytology

Suppurative:

Erythema, ulceration, and a purulent discharge

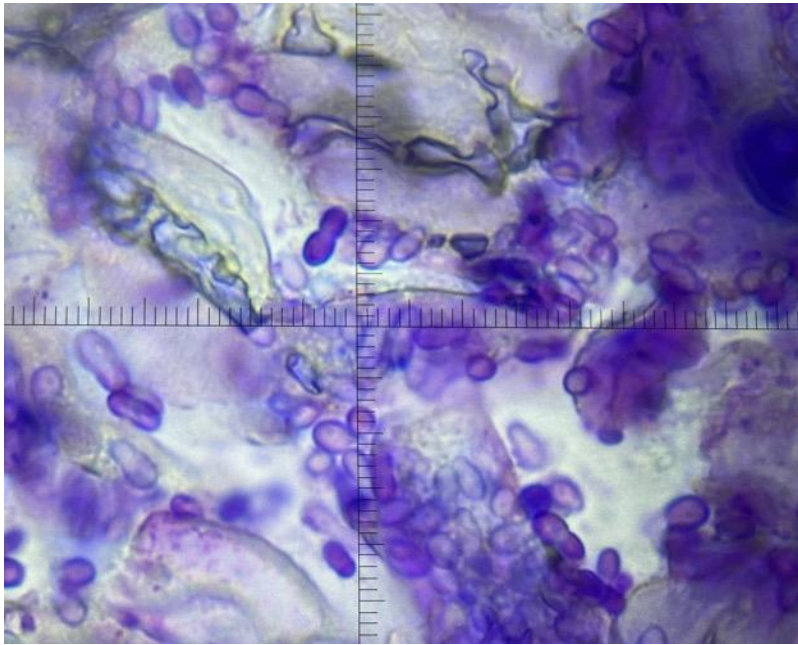
Most commonly associated with *Pseudomonas*, though suppurative *Malassezia* or contact reactions also possible

Usually painful

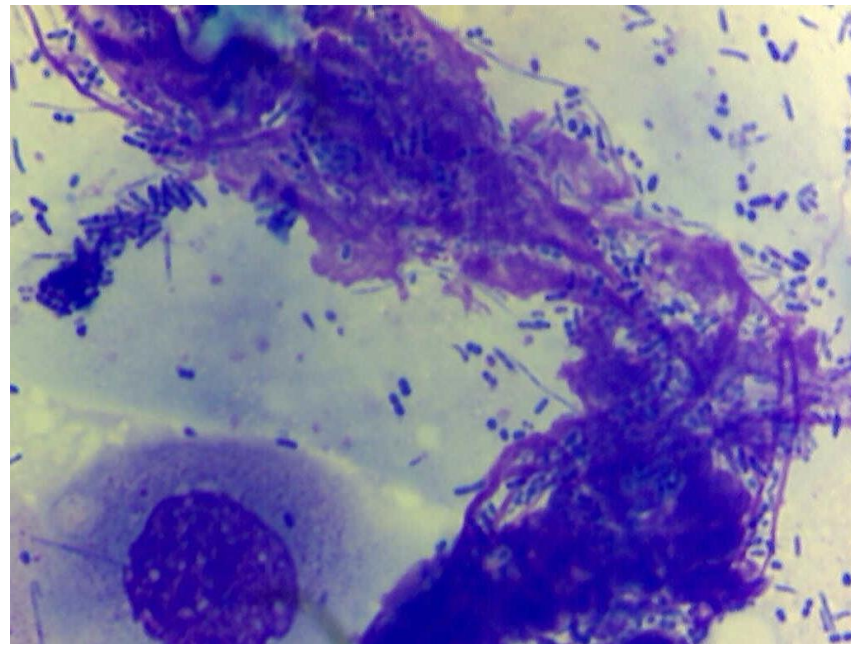
Inflammatory cells seen on cytology

Diagnosing Otitis externa

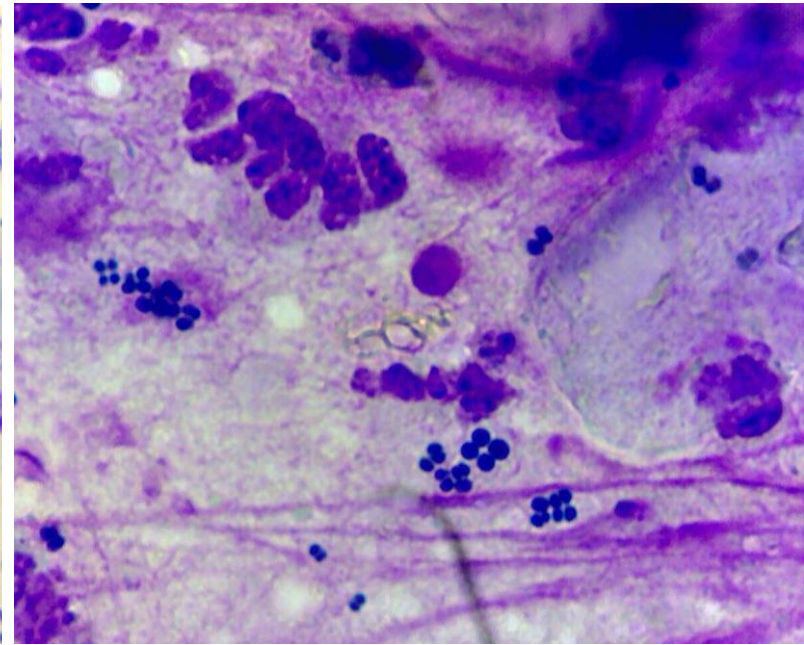
- Cytology, Cytology, Cytology!



Yeast



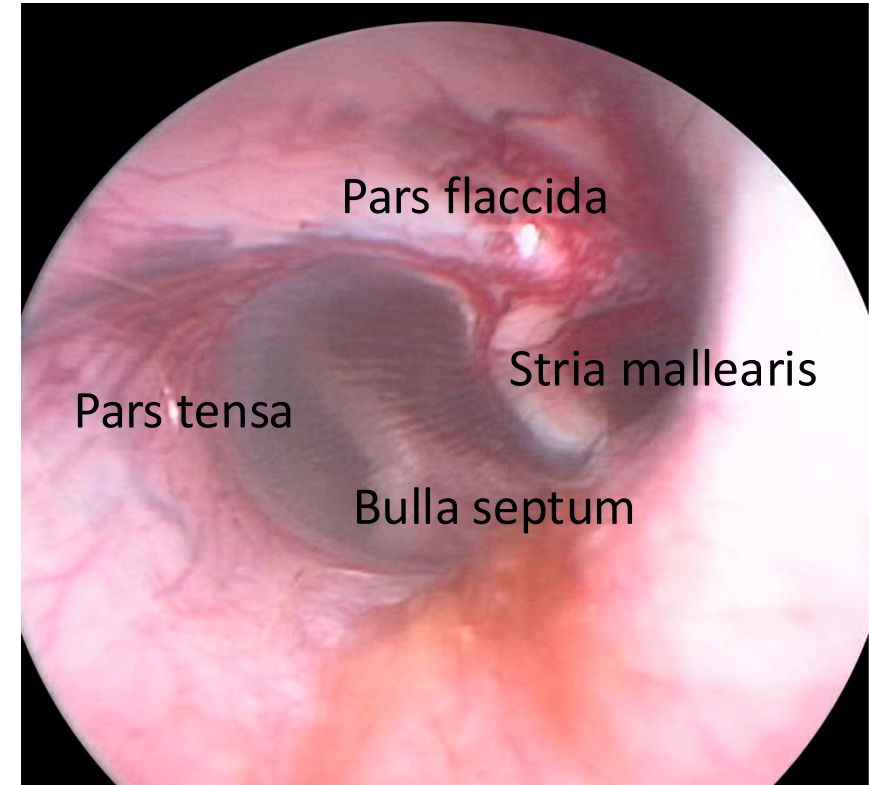
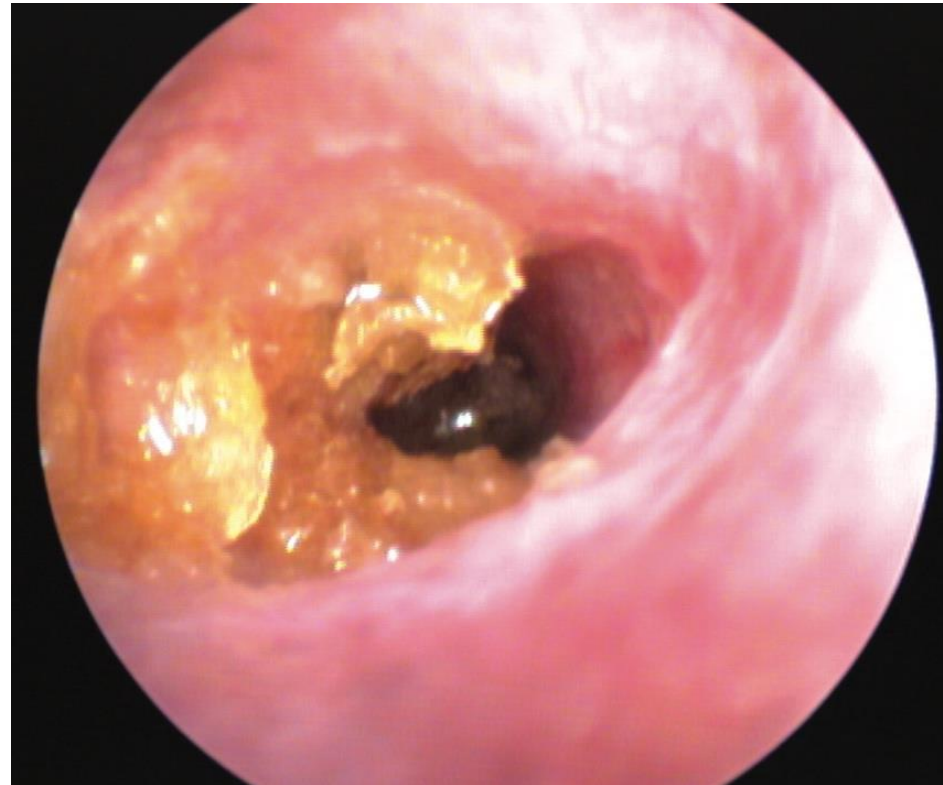
Rods



Cocci

Diagnosing Otitis externa

- Otoscopic exam



Diagnosing Otitis externa

- Culture?
 - Generally **not required** for otitis externa
 - Topical antimicrobial concentration 100-1000x systemic concentrations
 - Consider for suppurative otitis when ***Pseudomonas*** suspected (rods) or if abnormal findings seen on cytology
 - Should always be interpreted in light of cytology results
 - More important for otitis **media** for **systemic** antibiotic selection (ideally from middle ear sampling)



The 3 P's of otitis externa

Primary factors

- Allergies (food and/or environmental)
- Endocrinopathy (HypoT4, Cushing's)
- Parasitic (otodectes, demodex)
- Tumors or polyps
- Foreign body
- Congenital atresia
- Immune mediated (strangles, PNOE)
- Cornification disorders (ichthyosis)

Predisposing factors

- Conformation (Shar Peis, pendulous ears, hairy ears)
- Swimming
- Overcleaning
- Routine plucking of hairs
- Increased density and physiology of ceruminous glands

Perpetuating factors

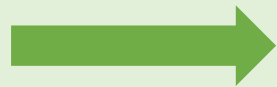
- Proliferative glandular changes
- Otitis media
- Fibrosis and mineralization



The 3 P's of otitis externa

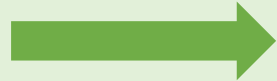
- **Primary factors** must be diagnosed and managed
- **Predisposing factors** must be identified and corrected
- **Perpetuating factors** must be reversed (when possible)

Phase 1



Reactive therapy: Treat the active infection

Phase 2



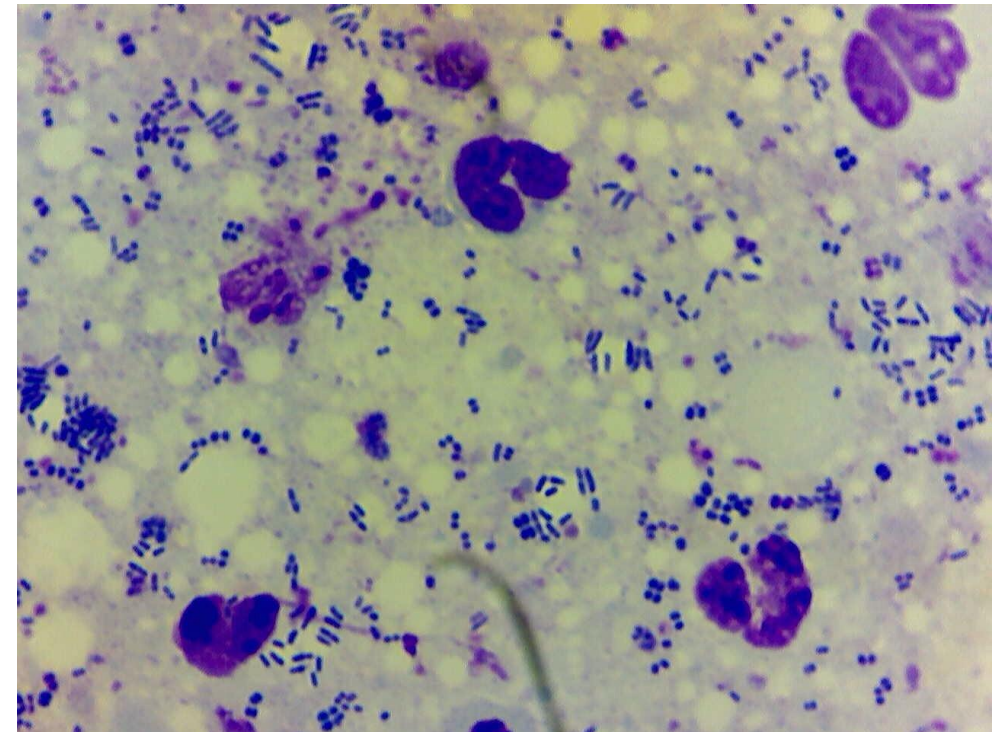
Proactive therapy: Prevent recurrence

Phase I: Treating the active infection

- Topical **antimicrobial** choice should be based on **CYTOLOGY**

- Most common pathogens:
 - *Staphylococcus pseudintermedius* (**cocci**)
 - *Malassezia pachydermatis* (**yeast**)
 - *Pseudomonas aeruginosa* (**rods**)

- Less common pathogens:
 - *Staphylococcus schleiferi* (cocci)
 - *Streptococcus* (cocci)
 - *Escherichia coli* (rods)
 - *Proteus mirabilis* (rods)
 - *Corynebacterium* (rods)



Treating the active infection - Cytology

Antimicrobial	Otic preparation	When to use based on cytology
Florfenicol	Simplera, Claro, Osumnia	Cocci
Fusidic acid	Canaural	Cocci
Framycetin	Canaural	Rods
Polymyxin B	Surolan, Otizole	Rods
Gentamicin	Mometamax, Otomax, Easotic	Cocci and rods
Marbofloxacin	Aurizon	Cocci and rods
Enrofloxacin	Baytril Otic	Cocci and rods
Hydrocortisone aceponate	Cortotic	Cocci and rods

Treating the active infection - Cytology

Antimicrobial	Otic preparation	When to use based on cytology
Miconazole	Surolan, Otizole, Easotic	Yeast
Clotrimazole	Mometamax, Otomax, Aurizon	Yeast
Terbinafine	Simplera, Claro, Osurnia	Yeast
Nystatin	Canaural	Yeast
Hydrocortisone aceponate	Cortotic	Yeast

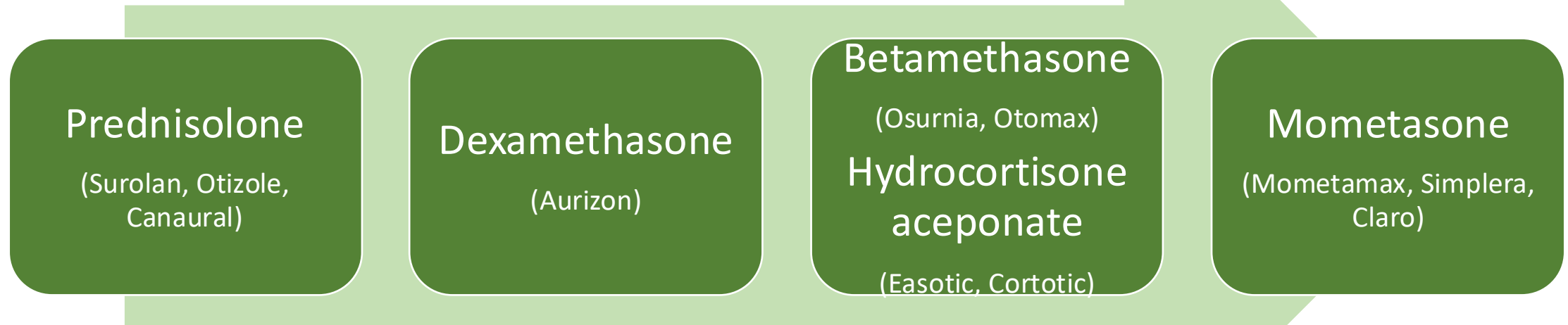
Treating the active infection – Antimicrobial Stewardship

No antimicrobial	Important antimicrobials	Highly important antimicrobials	Critically important antimicrobials	Highest priority critically important antimicrobials
Hydrocortisone aceponate	None	Florfenicol	Gentamicin	Polymyxin B
		Fusicidic acid	Framycetin	Marbofloxacin
				Enrofloxacin



Treating the active infection – Steroid

- More potent steroids will have improved effect on inflammation and comfort



- Mometasone** and **hydrocortisone aceponate** are potent steroids but minimally absorbed systemically

Single dose treatments

- Simplera – Florfenicol, terbinafine, **mometasone furoate**
- Claro - Florfenicol, terbinafine, **mometasone furoate**
- Osrurnia – Florfenicol, terbinafine, betamethasone acetate

Excellent option for erythroceruminous otitis externa when cocci and/or yeast seen on cytology!



Single dose treatments

- **Benefits:**

- Eliminates compliance issues
- Eliminates volume issues
- Easier to recheck at end of treatment
- Easier for human-animal bond
- Can be used in dogs averse to topical therapy while owners work on operant conditioning and positive reinforcement
- **Mometasone** – safest and most potent steroid
- **Florfenicol** – best first line topical antibiotic option for cocci bacteria



Treating the active infection – systemic therapy

- A note on systemic treatment for otitis **externa**
 - Systemic glucocorticoids – YES
 - Systemic analgesics - YES
 - Systemic antimicrobials – NO
- Antimicrobials can be used for otitis media based on culture & sensitivity (collected from the middle ear)



Phase II – prevent recurrence

- **Phase I: Reactive therapy (treat the infection)**
- **Phase II: Proactive therapy (prevent the infection from recurring)**
 - Identify underlying **primary cause** and manage it
 - Food allergy: Prescription elimination diet trial followed by provocation challenges to avoid triggers
 - Environmental allergies: long-term/lifelong topical steroid ear drops twice weekly
 - Endocrinopathy: identify and manage hypothyroidism or Cushing's disease
 - Parasitism: treat with isoxazolines
 - Ear tumors and foreign bodies: Remove
 - Identify **predisposing factors** and correct
 - Swimming: avoid, use ear wicks for grooming appointment, use drying ear cleaner, treat with topical steroid after swimming
 - Hair plucking: stop doing
 - Overcleaning: routine ear cleaning not generally needed, use topical steroids instead
 - Reverse **perpetuating factors**
 - Proliferative glandular changes: Oral glucocorticoids followed by topical steroids long-term or TECABO
 - Otitis media: Myringotomy and deep ear flush followed by systemic antibiotics based on culture & sensitivity. If osteomyelitis is present, TECABO may be needed
 - Mineralization and fibrosis: Irreversible changes, if topical steroids cannot prevent infections from recurring, TECABO needed

Phase II – prevent recurrence





Frequent
ly asked
question

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Common questions about long-acting otic medications

Q1: Responsible antimicrobial use

- How appropriate is florfenicol (the antibiotic found in all long acting otics currently on the market) as a “first line” option for cocci?
- What do we currently understand about the duration of action of long acting otics and how this relates to antimicrobial resistance?

Common questions about long-acting otic medications

Q2: Adverse events

- Is there a higher risk of adverse events with long acting otics?
- How should clinicians approach management of an adverse event with long-actives given their extended duration of activity?
- How concerned should we be about neurogenic KCS (e.g. what is the level of risk, and how should it be managed).

Common questions about long-acting otic medications

Q3: Price

- How should clinicians evaluate the cost of long acting otics compared with other treatment options?

Common questions about long-acting otic medications

Q4: If my go-to product isn't broken, why fix it?

- How should clinicians evaluate when to continue with familiar therapies, such as short-acting twice daily products, versus when a long-acting otic may be more appropriate?

Common questions about long-acting otic medications

Q5: Rechecks

- I thought we need to always recheck in 7-14 days. Isn't waiting 30 days too long?
- How should recheck timing be approached when using long acting otics, and what factors influence that decision?

Common questions about long-acting otic medications

Q6: Treatment failure

- I've seen too many treatment failures: why don't they work for me?
- What are the common contributors to perceived treatment failure, and how do underlying causes of otitis, anti-inflammatory use, cytology, and product selection influence outcomes?

Common questions about long-acting otic medications

Q7: Ear cleaning

- How important is ear cleaning before using a long-acting otic?
- How should clinicians weigh the benefits and risks of sedating a patient solely to allow adequate ear cleaning prior to treatment?
- How does the choice of ear cleaner influence treatment outcomes?



THANK YOU
Questions?