

Aural haematomas

An aural haematoma is a build-up of blood between the skin and cartilage of the ear flap. The blood is unable to drain away resulting in swelling of the ear flap. This can become very large causing drooping of the ear flap, occlusion of the ear canal, discomfort, and pain. The blood may clot within the haematoma and over time this material will scar up resulting in the formation of a “cauliflower ear” (this is usually only of cosmetic concern).

Aural haematomas are common in dogs but rare in cats.

Causes

Aural haematomas are usually a consequence of damage to the blood vessels and cartilage of the ear flap following violent head shaking or ear scratching secondary to ear irritation or the presence of a foreign body in the ear canal, ear infection, or trauma to the ear flaps. Other predisposing factors include fragile blood vessels as seen with Cushing’s disease or bleeding tendencies.

Diagnosis

The diagnosis of an aural haematoma is usually made during a consultation with a veterinary surgeon. Common signs include swelling of the ear flap (initially soft and fluid-filled but can become firm as the condition progresses), head shaking and pain associated with the ear.

Treatment

Treatment of an aural haematoma involves:

1. Addressing the underlying cause to prevent ongoing head shaking and ear scratching.
2. Removing the haematoma contents to reduce pressure and swelling in the ear flap.

There are many different options for removing the haematoma contents, and the decision of which treatment option to select will depend on the individual case. We often start off with a more minimally invasive approach such as leech therapy, but we may need to reach for a surgical approach if previous treatment options fail or if the ear flap is so heavy it is unacceptably uncomfortable for the pet.

Benign neglect:

If left alone an aural haematoma will resolve eventually. The fluid will be re-absorbed allowing contraction of the haematoma, but the ear flap will significantly scar up and resolution of a large aural haematoma can take several months. During this time the aural haematoma will be uncomfortable for the patient, resulting in ongoing head shaking, which will slow down haematoma resolution. As a result, this is usually only an option for small haematomas. A course of oral steroids can be used to reduce the inflammation and discomfort associated with the haematoma (thus reducing head shaking), minimise scarring and promote haematoma resolution. Oral steroids can have side effects like increased appetite, weight gain, increased drinking, and increased urination (these tend to resolve with a dose reduction or discontinuation).

Aspiration:

The aural haematoma can be drained using a needle and syringe. This quickly and cheaply reduces the swelling but leaves a space behind and this space readily refills with more fluid leading to only temporary results (lasting hours to days). There is also a risk of introducing infection with this technique and if a clot has formed within the haematoma there may not be much fluid left to aspirate so this method may not work at all. Sometimes we instil injectable steroid into the remaining space to reduce the inflammation and discomfort associated with the haematoma, this tends to have fewer side effects than oral steroids.

Leech therapy:

Leeches have been used in human medicine for centuries. They can also be used in veterinary medicine to treat several conditions, but most commonly to treat aural haematomas. Leeches attach to the skin overlying the haematoma and remove the contents when they feed. They detach after about 15 minutes. During feeding they inject saliva into the haematoma, this contains an active substance called hirudin. Hirudin inhibits blood clotting, allowing the fluid contents of the haematoma to be re-absorbed more quickly. This procedure may be a little messy because the leech sites can continue to bleed for several hours afterwards. Sometimes we place a head bandage to collect the discharge and help appose the skin and cartilage. A second leech therapy may be required a few weeks later, especially if it takes a while to control the underlying cause of the haematoma or if the dog continues to shake their head. The benefit of this procedure is it is minimally invasive, does not require an anaesthetic and has low risk of introducing infection because the leeches are sterile. In addition, the ear is usually more comfortable as the haematoma is resolving.

Drain placement:

A teat cannula is a small drain-like device placed through the skin into the haematoma in cases where the ear flap is large enough to place the device. This device is capped but allows for frequent drainage of the haematoma contents when the cap is removed. Frequent removal of the haematoma contents allows it to contract down over several weeks. A head bandage can aid this process by improving apposition between the skin and cartilage. This method is generally successful and does not require a general anaesthetic. However, the patient must tolerate the device and a head bandage for several weeks, there is risk of introducing infection and the haematoma may recur once the device has been removed because the skin and cartilage are not directly apposed.



Surgery:

Surgical approaches to haematomas are performed under a general anaesthetic and involve making a cut through the skin of the ear flap. This allows the blood and clots to be flushed out. To prevent the haematoma refilling with fluid, multiple stitches are placed through the ear flap to close the space left behind. We often use tubing or buttons to improve the apposition between the skin and cartilage. Sometimes bandages are applied after the procedure and an Elizabethan collar must be worn. Stitches are left in place for 2-4 weeks then removed. Surgery typically results in a positive outcome and minimal recurrence.

Last updated September 2025