

BASIC INFORMATION

Polyps are the most common disease involving the nose and throat of cats. They are small, benign masses that can obstruct the back of the nasal passages where they enter into the back of the mouth (nasopharynx). Polyps may also grow into the ear canal via the auditory (eustachian) tube, which connects the nasopharynx with the middle ear.

Causes

These polyps probably arise from chronic inflammation of the upper respiratory tissues. Bacterial and viral infections may contribute to their formation.

Clinical Signs

Rough-sounding, noisy breathing can be heard from the throat area in cats with nasopharyngeal polyps. Difficulty breathing, increased nasal sounds on inspiration (while breathing air in), sneezing, and nasal discharge are common with nasal polyps. Polyps in the external ear canal may be associated with discharge from one or both ears. Head shaking and chronic ear infections are also common. Sometimes signs of middle ear disease occur, such as loss of balance. Middle ear polyps may also cause signs of Horner's syndrome, namely prolapse of the third eyelid over part of the eye and a small pupil in the same eye.

Diagnostic Tests

Polyps may be suspected based on clinical signs such as airway noises, nasal discharge, chronic ear discharge, and recurrent ear infections. Occasionally, your veterinarian may feel (palpate) a mass in the pharynx and possibly above the soft palate. Ear examination may reveal a mass deep within the ear canal. X-rays or advanced imaging of the head and neck area may locate a mass

within the throat, middle ear, nasal cavity, or a combination of these locations. Endoscopy (passage of a flexible fiberoptic instrument) of the nasal cavity may reveal polyps. In some cases, the mass is discovered only with surgical exploration. Biopsy and histopathology are required to confirm the diagnosis.

TREATMENT AND FOLLOW-UP

Treatment Options

Surgical removal of the polyp or polyps is the only option that provides a chance for a cure. Removal of a polyp within the throat area usually involves gentle traction (pulling) on the base of the stalk of the polyp, so that the entire mass can be removed. Extension into the middle ear requires opening the middle ear surgically, which is termed a *ventral bulla osteotomy*. Polyps deep in the ear canal can usually be removed with this same procedure.

Follow-up Care

Anti-inflammatory drugs are helpful postoperatively, along with pain medications. Surgery on the middle ear (ventral bulla osteotomy) usually injures the nerve that causes Horner's syndrome, so clinical signs of that syndrome may develop after surgery. The facial nerve also lies in this area, so facial paralysis may occur. Incoordination or a lack of balance may also be noted after surgery. All surgery-related signs usually resolve within 1-6 weeks.

Prognosis

The chance of recurrence of polyps is decreased greatly when the entire polyp is removed from the middle ear. Resolution of signs can approach 90% in these cases. Recurrences are more likely when bulla osteotomy is not performed.