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## PINNA TUMORS - LOCAL EXCISION AND RECONSTRUCTION IN 6 DOGS

### Introduction

Dogs with pinna tumors are often treated by (sub)total pinnectomy because of the presumed risk of incomplete excision or wound complications after local excision, such as local ischemia or dehiscence. Techniques to reconstruct pinna defects have been mentioned<sup>(1,2)</sup>, including single or bipedicle staged skin flaps<sup>(1)</sup>, or larger transposition flaps<sup>(2)</sup>. Cosmetic appearance of these flaps may not always be satisfying due to difference in thickness of donor skin.

The aim of this case series is to provide a description of anatomy, surgical technique and outcome of local tumor excision and reconstruction for pinna tumors in 6 dogs.

### Case Description

Six dogs with pinna tumors received pinna-preserving excision and reconstruction between May 2012- November 2017. Pre-operative work-up included fine needle aspiration biopsies of the mass and draining lymph nodes and imaging of thorax and/or abdomen, depending on type of mass.

Surgery was performed by a board-certified surgeon or resident under supervision of a board-certified surgeon. Follow-up consisted of short-term clinical rechecks and long-term telephone/email contact.

### Results

Four dogs had a mast cell tumor, 2 of which were recurrences after previous incomplete excision. The remaining 2 dogs had histiocytoma and melanocytoma. The surgery defect ranged from 1.5cm to 4cm. Wound closure consisted of advancement and transposition flaps in 3 dogs, and primary wound adaptation in the other 3 cases. Five masses had clean histologic margins, 1 mass was incompletely removed. Three dogs healed without complications, 2 dogs had minimal local wound dehiscence, and 1 dog had a larger area of 50% dehiscence. All dogs had good long-term cosmetic outcome after wound healing, all owners were satisfied with the procedure.

### Conclusion

Local excision is feasible if margins can be obtained, however case selection is important. Reconstruction is often possible and successful using local skin flaps, improving cosmetic outcome and client satisfaction compared to (sub)total pinnectomy.

### References

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