scoliosis, weakness and postural deficits were only seen in the SM $\geq$ 4 mm group.

STATEMENT (CONCLUSIONS)

This study has limitations due to its retrospective nature but provides data for planning future clinical trials.

Results suggest CM with or without SM may present with behavioural signs of pain particularly associated with changes in head position. Dogs may scratch or rub their head/ears and examination may suggest spinal hyperaesthesia. SM specific signs tend to be associated with larger syringes and likely damage of the spinal cord.

Iatrogenic Pourfour du Petit syndrome – common but transient

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OBJECTIVES

Pourfour du Petit syndrome, signs of sympathetic stimulation of the eye and adnexa associated with irritation of the nerves of the sympathetic pathway to the eye, has been reported in cats following flushing of the middle ear. A prospective study was performed in an attempt to ascertain an approximate incidence of this iatrogenic condition.

METHODS

Cats presented with signs suggestive of unilateral middle ear disease with no evidence of associated peripheral

neuropathies underwent myringotomy and gentle irrigation of the affected middle ear under general anaesthesia. Following the procedure they were maintained in sternal recumbency and the eyes were examined by distant direct ophthalmoscopy at 5 minute intervals for at least 30 minutes and any signs of sympathetic innervation abnormality were recorded. Follow up examination was performed 1 week later.

RESULTS

50 cats were included in the study, 18 showed signs of stimulation of the oculosympathetic supply (relative mydriasis and exophthalmos). In 15 of these the signs resolved within 30 to 60 minutes. 2 later showed signs of Horner's syndrome that resolved within 4 weeks and in 1 cat the Pourfour du Petit signs persisted for 5 days.

STATEMENT (CONCLUSIONS)

Though of minimal clinical significance Pourfour du Petit syndrome appears to be common following flushing of the cat middle ear. However the changes are usually of short duration and, in this study, led to no permanent abnormality. One would expect the signs to be reported, occasionally, by those monitoring recovery from anaesthesia of such patients.

Clinical characteristics, imaging findings and outcome after medical and/or surgical management of 23 cats with intracranial empyema

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OBJECTIVES

Feline intracranial empyema is infrequently reported in veterinary literature, to date the largest study is based on

a population of 11 cats with otogenic infection. The aim of this study is to review a larger population of cats with intracranial empyema from multiple aetiologies and document their signalment, imaging findings, treatment protocols including medical and/or surgical management and compare outcomes.

METHODS

Cases presenting to a single referral centre over a ten-year period with compatible history, neurological signs and imaging findings consistent with intracranial empyema were reviewed retrospectively.

RESULTS

Twenty-three cats met the inclusion criteria. Advanced imaging (CT and/or MRI) was performed in 22/23 cats, one case was diagnosed via ultrasound. Ten cases underwent medical and surgical management combined, ten underwent solely medical management and three were euthanised at the time of diagnosis. Short-term outcome showed that 90% of surgically managed and 80% of medically managed cats were alive at 48 hours