

Second WCVD Summary (World Congress Veterinary Dermatology)

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In our second summary from the digital World Congress in Veterinary Dermatology 2020 (WCVD), we look at the allergic diseases addressed in the feline dermatology program. From the eight talks given by Dr Scott, Dr Rosenkrantz, Dr Vogelnest and Dr Burrows we present the most practical clinical points below.

Pruritus is the characteristic clinical sign of allergic disease. It is important to remember that **in cats, self-licking is a sign of scratching.**

Is allergic dermatitis common in cats?

Scott DW et al. Feline dermatology at Cornell University: 1407 cases (1988–2003)
J Feline Med Surg 2012.15:307-316

In this study, Scott et al. showed that a third of cats (33.7%) with dermatological problems suffer from an allergic disease.

- 16.8% of the dermatological conditions were classified as “non-flea allergic dermatitis” as it was not possible to differentiate between food allergy and atopic dermatitis due to the impracticality of carrying out an elimination diet.
 - 10.3% were diagnosed as atopic dermatitis (AD)
 - 2.5% as food induced allergic dermatitis (FIAD)
 - 3.7% flea allergic dermatitis (FAD)
 - 0.4% mosquito-bite dermatitis
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- Other feline skin allergies include adverse cutaneous drug reactions (ACDR), contact dermatitis (Dr Scott has never diagnosed this in cats) and intestinal parasite allergy.

What are the skin reaction patterns in the allergic cat?

Skin reaction patterns in allergic cats are:

- Symmetrical initially lesionless pruritus,
- Lesions of the eosinophilic granuloma complex (EGC)
- Self-induced alopecia
- Miliary dermatitis.
- Other rare presentations are urticaria, exfoliative dermatitis and plasma cell pododermatitis

What lesions include the feline eosinophilic granuloma complex (EGC)?

The EGC includes eosinophilic ulcer (also referred as indolent ulcer or rodent ulcer), eosinophilic granuloma, eosinophilic linear granuloma, eosinophilic plaque and miliary dermatitis.

Principal differential diagnosis of the different lesional patterns of pruritus in the cat

- Symmetrical initially lesionless pruritus: atopic dermatitis (AD), food induced allergic dermatitis (FIAD), adverse cutaneous drug reactions (ACDR), Otodectic mange (ear mites), Trombiculosis, Notoedric mange, Sarcoptic mange, dacryocystitis.
- Lesionless self-induced hair loss: AD, FIAD, ACDR, ectoparasites, flea allergic dermatitis (FAD), hyperthyroidism, behavioural (very rare)
- EGC: AD, FIAD, FA, mosquito bite allergy, Staphylococcal infection, ACDR, Ectoparasites. contact dermatitis, foreign bodies, Idiopathic.
- Papulocrustous dermatitis or miliary dermatitis: allergic reactions (DA, FIAD, FAD, ACDR), ectoparasites, Staphylococcal infection, Dermatophytosis.

Idiopathic EGC in cats, what is this?

Dr Scott describes the existence of EGC lesions of idiopathic origin in young cats. The lesions may resolve spontaneously or not recur after treatment. The cats can, concerning itching, be asymptomatic or not and show papulonodular lesions (70%) or linear (30%). Lesions can appear on lips (42%), caudal thighs (22%), chin (18%) and also on neck, trunk, tail, bridge of the nose or pads.

Is non-inflammatory ventral alopecia caused by a dermatological, behavioural or medical condition in cats?

The most common causes of ventral alopecia in cats are allergic and ectoparasitic diseases (*D.gatoi*, Otodectic mange). 76% of the cats with ventral alopecia are affected by AD and 16% by FIAD.

Internal diseases that can cause ventral alopecia are hyperthyroidism (5%), hyperadrenocorticism (1,5%), diabetes mellitus, paraneoplastic alopecia (1,5%) and focal pain due to cystitis (1%).

Behavioural ("psychogenic") overgrooming as a cause of ventral alopecia is rare, with an incidence in 2% of cases.

Is Pyoderma in cats a real problem?

Pyoderma in cats exists and is more frequent than previously thought or described in the previous scientific literature. Secondary infections associated with allergic dermatitis also occur in cats. Pyoderma appears clinically with lesions of EGC, alopecia, crusts, epidermal collarettes and miliary dermatitis.

How to manage the atopic cat?

As in dogs, the disease requires a multimodal treatment:

- Effective flea control, most recommended with isoxazolines
- Control secondary infections if they are present
- Antipruritic/anti-inflammatory therapy
- Allergen-specific immunotherapy (ASIT)

Which drugs are useful to manage atopic disease in cats?

Glucocorticoids (GC): avoid the use of retard corticoids (methylprednisolone acetate). Use oral treatment:

- Prednisolone or prednisone: 1mg/kg every 12h 2 days -> 1mg/kg every 24h 4 days -> 0,5 mg/kg every 48h.
- Dexamethasone: 0,05-0,1mg/kg q 12h 2 days -> 0,05-0,1mg/kg every 24h 4 days -> 0,05 mg/kg every 48h.

Cyclosporin 5-8mg/kg daily for 1-2 months and then taper

Oclacitinib (off label treatment) 0,8-1,3mg/kg BID for 14-28 days and then daily

Can we use Oclacitinib to treat pruritus in cats?

Oclacitinib is not registered for treatment in cats, but there is scientific evidence of their efficacy and safety.

Cats need higher doses and shorter treatment intervals.

Is Allergy testing in cats worthwhile?

Yes, it is needed for identification allergens to formulate ASIT.

Warning: Allergy testing is not for the purpose of diagnosing.

Withdrawal times prior to allergy testing

Withdrawal times of anti-inflammatory drugs are more critical for intradermal tests (IDT) than for serological tests

- Injectable retard GC (methylprednisolone acetate): 6-10 weeks for IDT / 3-5 weeks for serological tests
- Alternate day prednisolone 4-6 weeks for IDT
- Topical GC 1 week for IDT
- No withdrawal times for cyclosporin, nor Oclacitinib

Be aware that we recommend different withdrawal times

See our withdrawal time recommendations in our Laboklin FAQ :

<https://battlab.com/faq-allergy-overview>

Abbreviations:

- ACDR: Adverse cutaneous drug reactions
- AD: Atopic dermatitis
- ASIT: Allergen-specific Immunotherapy (ASIT)
- EGC: Eosinophilic granuloma complex
- FAD: Flea allergic dermatitis
- FIAD: Food induced allergic dermatitis
- GC: Glucocorticoids
- IDT: Intradermal tests