

Yorkshire Vets

MONTH 2010

DERMATOLOGY REFERRAL SERVICE

ISSUE THREE

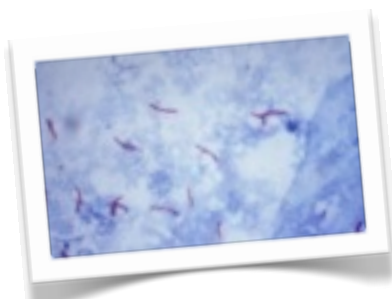


*Dermatology
Referral Service
Available at our
Thornbury
Hospital*

Cutaneous Mycobacteriosis in Cats

Three mycobacterial syndromes are described in feline dermatology.

'True' TB (caused by *M.bovis*), feline leprosy (caused by *M. lepraemurium*) and 'atypical' or 'opportunistic' mycobacteriosis which is really a catch-all name for all the others! In practice, a high proportion of cases these days involve what is probably *Mycobacterium microti*.



These before and after photos really are of the same cat!

After suffering with this severe, deforming nasal dermatosis for many years a mycobacterial culture from a deep biopsy of Oliver's nose finally yielded *M.microti* after 5 months of culture. Treatment with a combination of enrofloxacin, rifampicin and azithromycin for an initial 2 months resulted in a gradual but marked improvement and after a further 2 months of rifampicin and enrofloxacin he was outwardly 'cured'. Slight elevation in liver enzymes is common with rifampicin but liver function remained normal in Oliver's case. Triple therapy is more practical than might be envisaged as all 3 drugs are available in liquid formulation.

The key to success when taking samples under general anaesthetic from a



suspect lesion on the face or distal limb of a cat, is to take deep samples and to split the sample into a formalinised piece for histology and another in a sterile pot for later specific mycobacterial or fungal culture depending on histopathology. In a fungal granuloma the agent will usually be visible on histology. If not then go for mycobacterial culture as the pathogen may not be seen on histopathology.



Contact at Thornbury for Dermatology Referrals:

Roger Wilkinson MA VetMB CertVD CertSAM MRCVS

Dermatology at Yorkshire Vets

Dermatology was Roger's first interest before he was partially tempted away by the glamour of ultrasonography and internal medicine! However, although we like to believe that we do cure a fair proportion, a lot of them require long term care and after 12 years the dermatology clinic remains a fixture. Over the years particular interests have been:

- New agents for the control of atopic dermatitis such as tacrolimus, pentoxifylline, misoprostol and interferon.
- Diagnosis and management of endocrinopathies -e.g. use of 17-OHP in diagnosis of hyperadrenocorticism
- Management of anal furunculosis with cyclosporine, ketoconazole +/- tacrolimus
- Diagnosis and management of autoimmune skin disease especially pemphigus, erythema multiforme and bullous conditions.
- Management of epitheliotropic lymphoma with retinoids and interferon
- Breed-specific dermatoses of the Dogue de Bordeaux
- Chronic otitis



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*Dermatology Appointments
Available Monday to Friday by
appointment only*

*Please telephone or email for
further information*



Giant Demodex threatens West Yorkshire!

Demodex canis (conventional) and *Demodex cornei* (short-bodied) mites are associated with traditional largely non-pruritic presentations of canine demodicosis. The more recently described *Demodex injae*, however, has a more adventurous job-description. Apart from being spectacularly long-bodied, this species causes pruritic dermatitis -especially on the trunk of terriers. Not all pruritic Westies are atopic.

*Typical Demodex injae appearance clinically and
microscopic appearance on a skin scrape*