

Not just scratching the surface...cats with pruritus

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Cats: definitively not just small dogs!!!



Not just scratching the surface...cats with pruritus

LO:

+ Canine vs feline allergic skin disease
+ Cutaneous reaction patterns
+ Terminology
+ Differential diagnoses for feline pruritus
+ Approach to feline pruritus
+ Treatment



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Definition of canine atopic dermatitis

Canine atopic dermatitis (CAD) is a common, genetically predisposed, inflammatory and pruritic skin disease, which is usually associated with allergen-specific IgE.

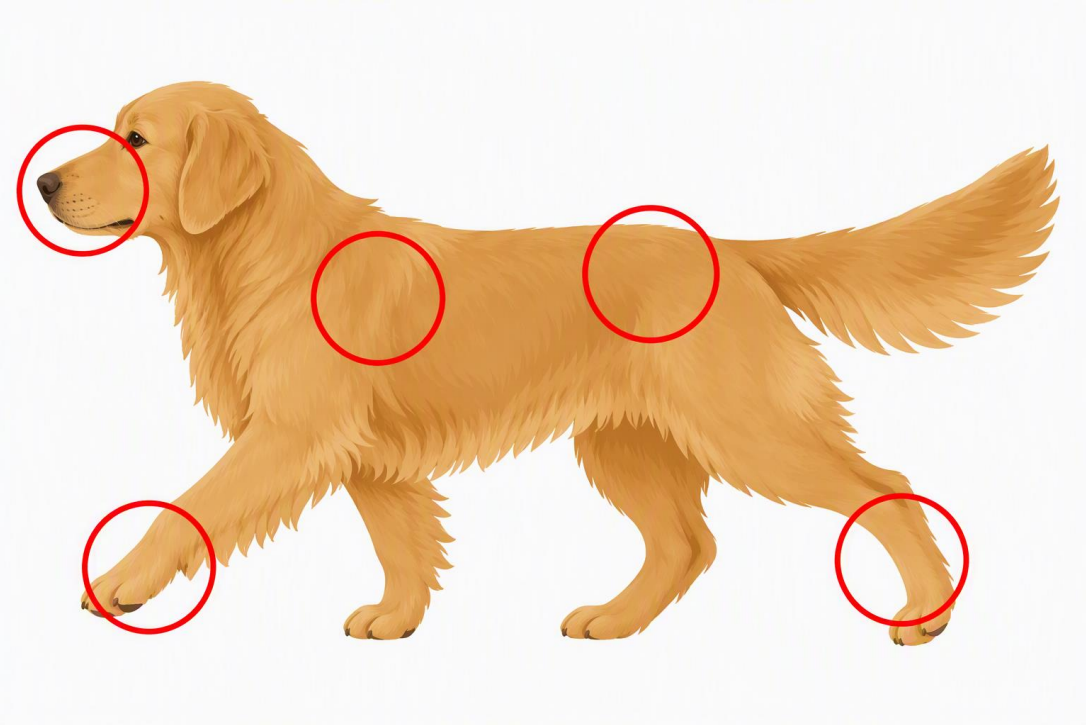
FASS IgE involvment:

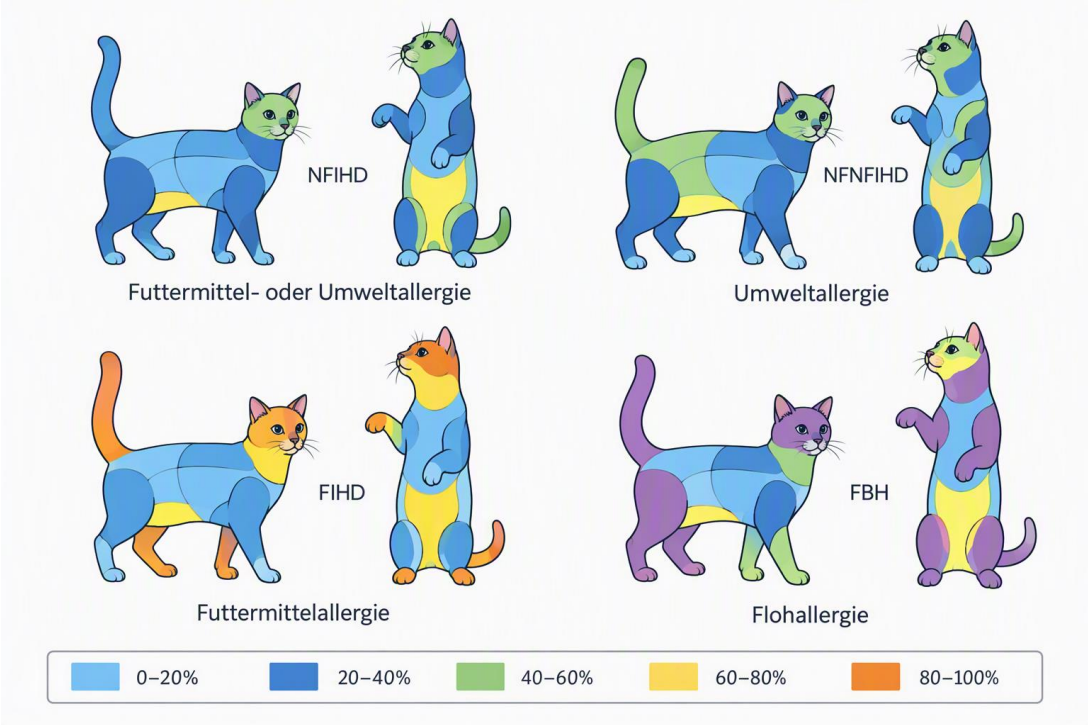
1. IDAT reactions less strong
2. Response to ASIT
    1. Supportive of role of IgE in FASS



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Dog/cat lesion distribution: cutaneous reaction patterns





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Breed related distribution of canine atopic dermatitis



- Wilhem S, Kovalik M, Favrot C. Breed-associated phenotypes in canine atopicdermatitis. *Vet Dermatol.* 2011;**22**(2):143–149. doi: 10.1111/j.1365-3164.2010.00925.x.

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Favrot's Criteria for Canine Atopic Dermatitis

Ideal for Clinical Studies

+ 🔷 **Age at onset < 3 years**
+  **Mostly indoor lifestyle**
+ 💊 **Corticosteroid-responsive pruritus**
+  **Chronic or recurrent yeast infections**
+ 🐾 **Affected front feet**
+  **Affected ear pinnae**
+ ✅ **Ear margins spared**
+ ✅ **Dorsolumbar area spared**

Interpretation

+ 🟢 **For higher sensitivity**
+ Fulfil **5 of 8 criteria**
+ Sensitivity: **85.4%**
+ Specificity: **79.1%**
+ 🟠 **For higher specificity**
+ Fulfil **6 of 8 criteria**
+ Sensitivity: **58.2%**
+ Specificity: **88.5%**

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Favrot's Criteria for Canine Atopic Dermatitis

Diagnostic Assessment of Canine AD

+ 🔷 **Age at onset < 3 years**
+ 🏠 **Mostly indoor lifestyle**
+ ⚡ **Pruritus before skin lesions**
+ 🐾 **Affected front feet**
+ 👂 **Affected ear pinnae**
+ ✅ **Ear margins spared**
+ ✅ **Dorsolumbar area spared**

Interpretation

+ 🟢 **5 of 7 criteria fulfilled**
+ Sensitivity: **77.2%**
+ Specificity: **83.0%**
+ 🟠 **6 of 7 criteria fulfilled**
+ Sensitivity: **42.0%**
+ Specificity: **93.7%**

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Recent feline FASS papers

- Halliwell, R., Pucheu-Haston, C.M., Olivry, T., Prost, C., Jackson, H., Banovic, F., Nuttall, T., Santoro, D., Bizikova, P. and Mueller, R.S. (2021), Feline allergic diseases: introduction and proposed nomenclature. Vet Dermatol, 32: 8-e2. https://doi.org/10.1111/vde.12899

- Halliwell, R., Banovic, F., Mueller, R.S. and Olivry, T. (2021), Immunopathogenesis of the feline atopic syndrome. Vet Dermatol, 32: 13-e4. https://doi.org/10.1111/vde.12928

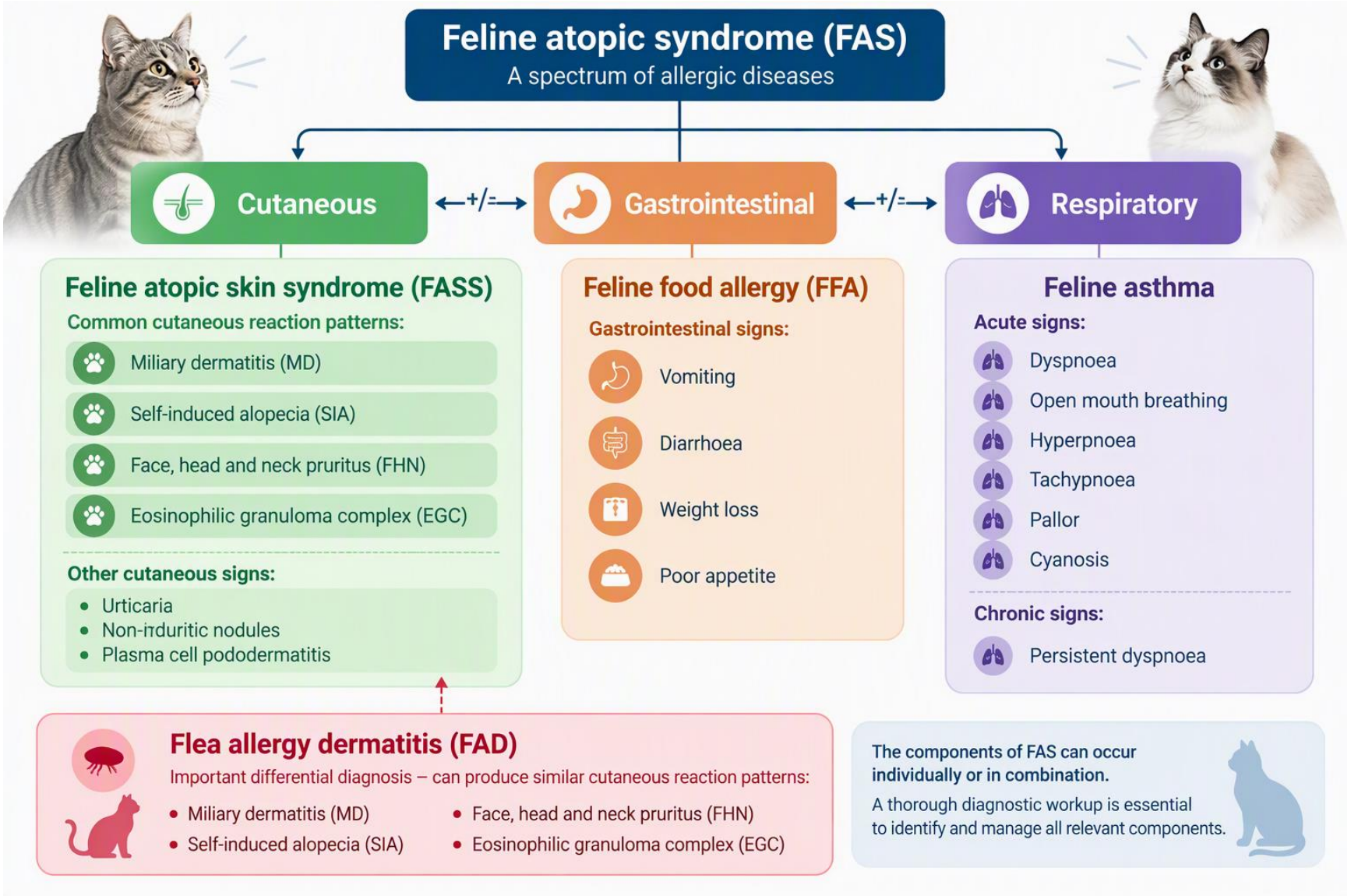
- Santoro, D., Pucheu-Haston, C.M., Prost, C., Mueller, R.S. and Jackson, H. (2021), Clinical signs and diagnosis of feline atopic syndrome: detailed guidelines for a correct diagnosis. Vet Dermatol, 32: 26-e6. https://doi.org/10.1111/vde.12935

- Mueller, R.S., Nuttall, T., Prost, C., Schulz, B. and Bizikova, P. (2021), Treatment of the feline atopic syndrome – a systematic review. Vet Dermatol, 32: 43-e8. https://doi.org/10.1111/vde.12933



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Felines allergisches Syndrom (FAS)



Co-pilot modified after Santoro et al. 2021

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Allergic syndromes comparative

Human: atopic dermatitis, hay fever (rhinitis), asthma

Canine: atopic dermatitis, rarely asthma, GI signs

Feline: atopic dermatitis, enteritis, asthma

Allergens:

Environmental
Nutritional
Intrinsic...(H: 45%)

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Feline food allergy (adverse food reaction)



Symptoms elicited through consumption of food

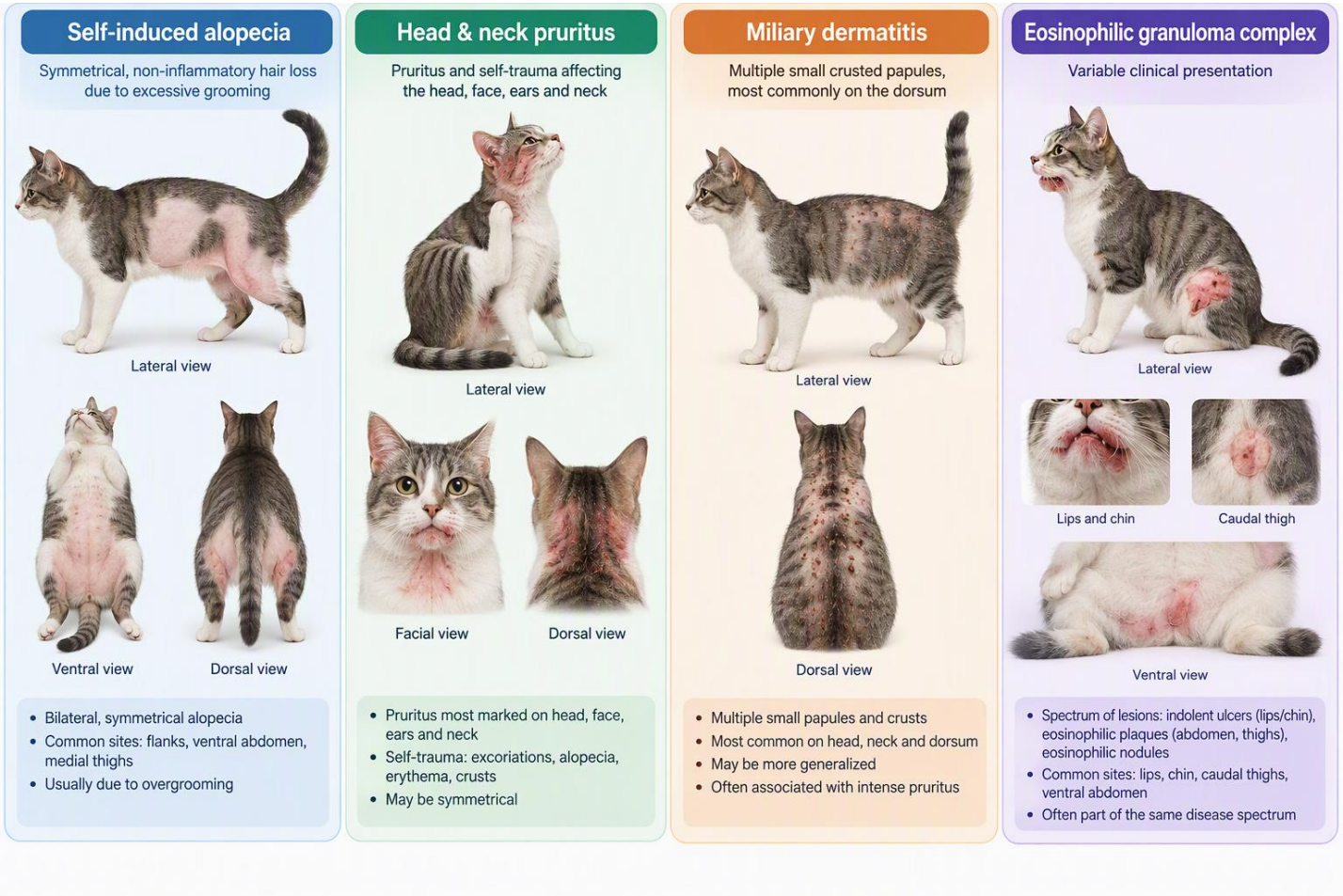


Allergic vs non allergic

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Feline cutaneous reaction patterns

- Self-induced alopecia
- Head & neck Pruritus
- Miliary dermatitis
- Eosinophilic granuloma complex
  - Eosinophilic plaques
  - Eosinophilic granuloma
  - Linear Granuloma
  - Indolent Ulcer
  - Fat chin



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Self-induced alopecia





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Feline cutaneous reaction patterns

Self-induced alopecia

1. **Complaint**
    1. Over grooming, nibbling, pulling hair, hair balls (V)
    2. Sometimes o do not notice
2. **Clincial signs**
    1. Barbered hair
    2. Skin often NAD
3. Trichogramm: split ends
4. Easily epilated?



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Feline cutaneous reaction patterns

Self-induced alopecia

1. **Differencial diagnoses**
2. Secondary
    1. Allergy
    2. Ectoparasites
    3. Folliculitis
    4. Dermatophytosis
    5. Pain (cystitis)
    6. Psychogenic alopecia
3. Primary
    1. Dermatophytosis
    2. Paraneoplastic alopecia
    3. Telogen effluvium
    4. Diabetes mellitus
    5. HAC



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Feline cutaneous reaction patterns

Head & neck pruritus

1. Pruritus+++
2. Automutilation
3. Erythema
4. Alopecia
5. Erosions / Ulcerations
6. Crusts
7. Intermittent bleeding



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Feline cutaneous reaction patterns

Head & neck pruritus

1. **Differencial diagnoses**
    1. Allergy
    2. Ectoparasites
    3. Dermatophytosis
    4. Pyoderma
    5. Viral (FeLV, Herpes, Calici, Pox, Papiloma)
    6. PF/DLE
    7. Neoplasia (Lymphoma, SCC, MCT)
    8. Idiopathic feline ulcerative dermatitis
    9. Feline oral pain syndrom
    10. Idiopathic facial dermatitis Persian cat

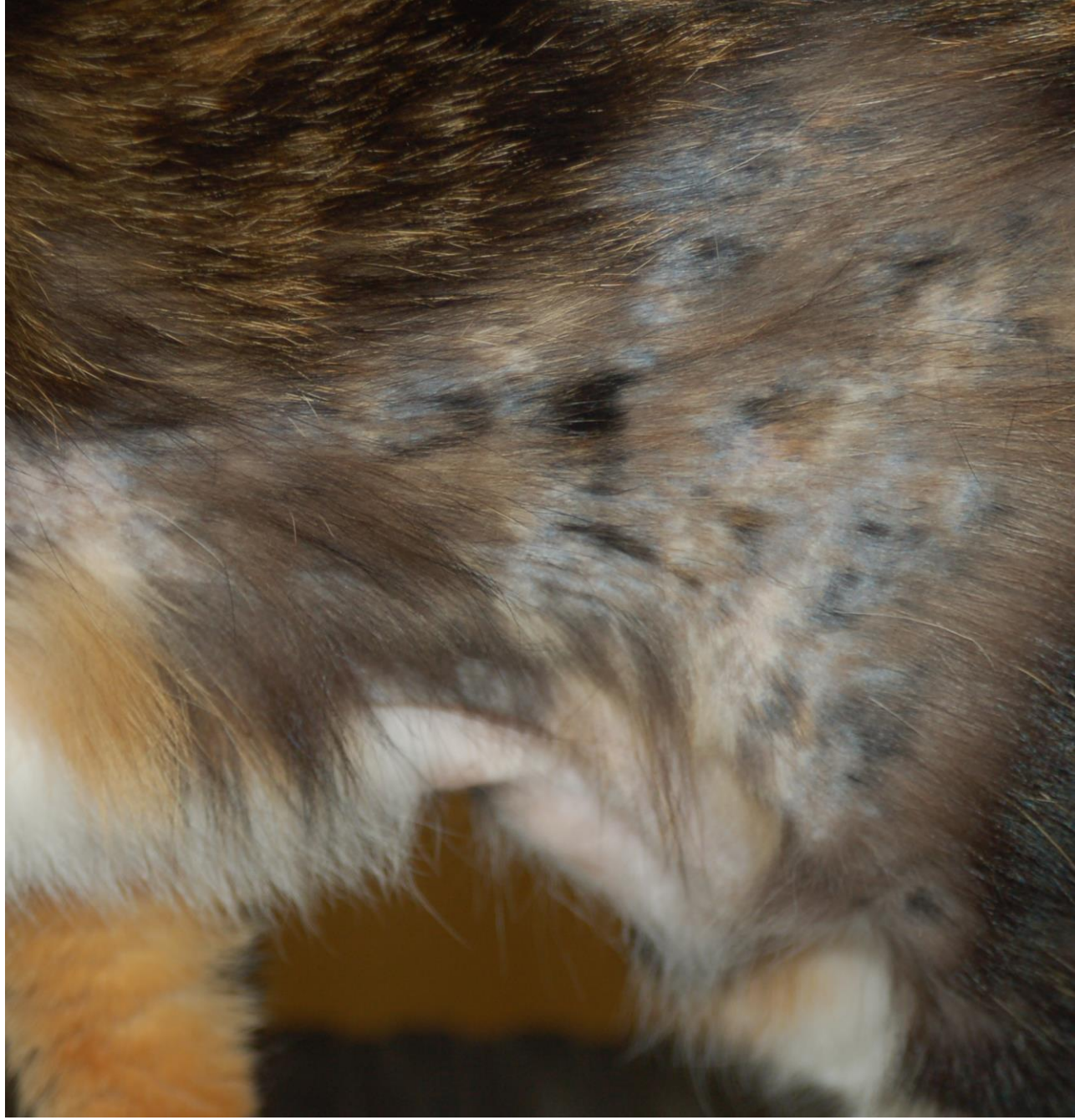


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Feline cutaneous reaction patterns

Miliary dermatitis

1. Papules
2. Crusts
3. Hypotrichia/Alopecia
4. Self-induced
5. Dorsum
6. Generalised
7. Variable pruritus

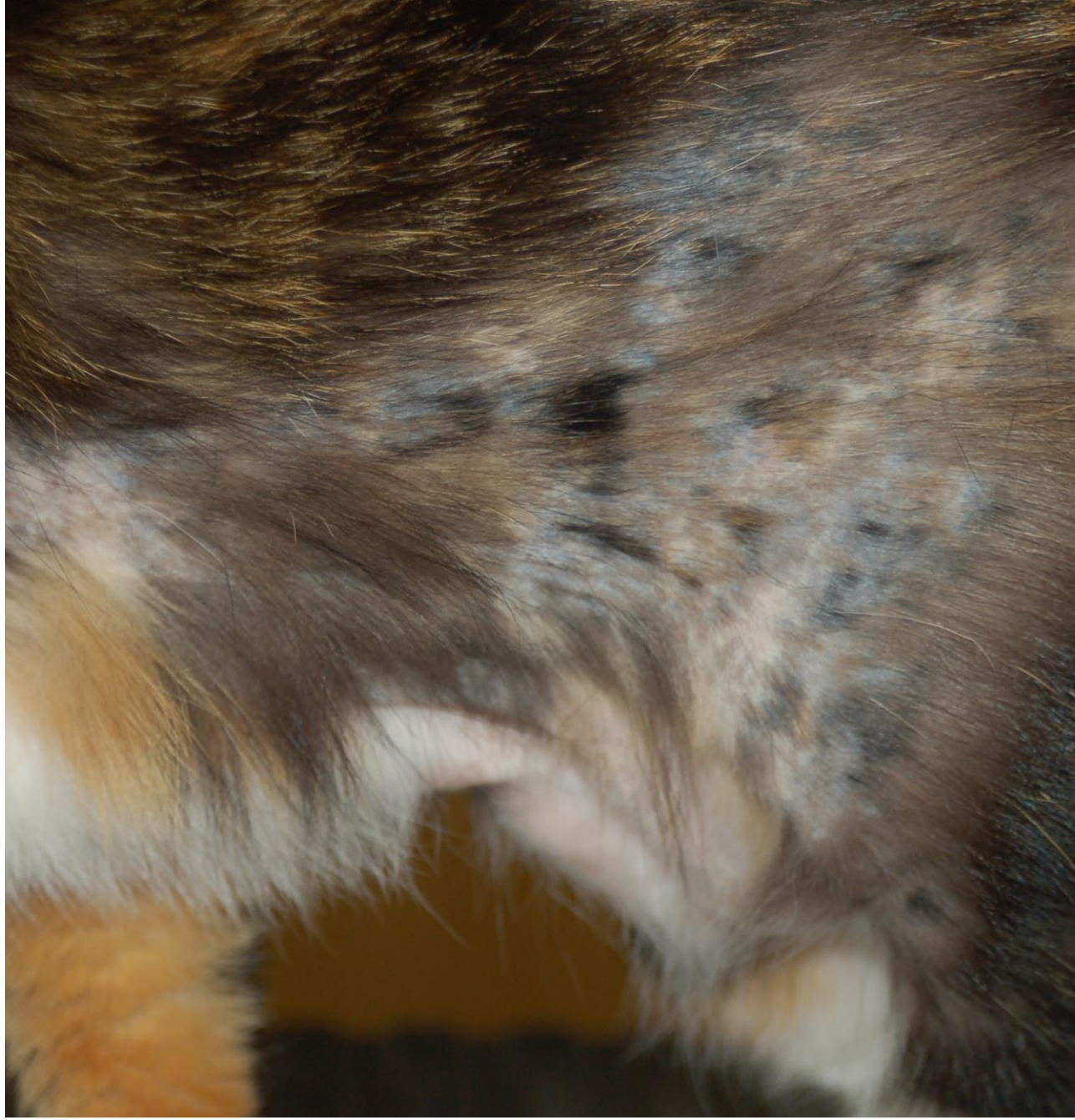


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Feline cutaneous reaction patterns

Miliary dermatitis

1. **Differencial diagnoses**
    1. Allergy
    2. Ectoparasites
    3. Dermatophytosis
    4. Pyoderma
    5. Cow pox
    6. PF
    7. Drug reaction



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Feline cutaneous reaction patterns

Eosinophilic granuloma completx (ECG)

1. **Eosinophilic plaques**
2. Pruritus+++



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Feline cutaneous reaction patterns

ECG

1. **Eosinophilic granuloma**
    1. Pruritus variable
    2. Linear granuloma
    3. „Fat chin“



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Feline cutaneous reaction patterns

ECG

1. **Indolent Ulcer**
2. Pruritus variable



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Eosinophilic granuloma complex



- **Differencial diagnoses**
  - Allergy
  - FAD, even with indolent ulcer
  - Ectoparasites
  - Dermatophytosis
  - Pyoderma
  - Neoplasia
  - Rare infections (Mycobacteria, Nocardia)

What makes cats scratch ?

Similar to dogs…and more

1. Allergies
2. Parasites
3. Sec. Infektions
4. Viral diseases
5. Dermatophytosis
6. Neoplasia



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Rarer causes...

Remember!

1. Pox
2. Dermatophytosis
3. Nocardia
4. Mycobacteria
5. ...



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Feline pruritus DD?

Allergies…

Hobi et al., Vet Derm 2011:

1. 502 cats
    1. FAD 29%
    2. FFH 12%
    3. FASS 20%
    4. Other 24%



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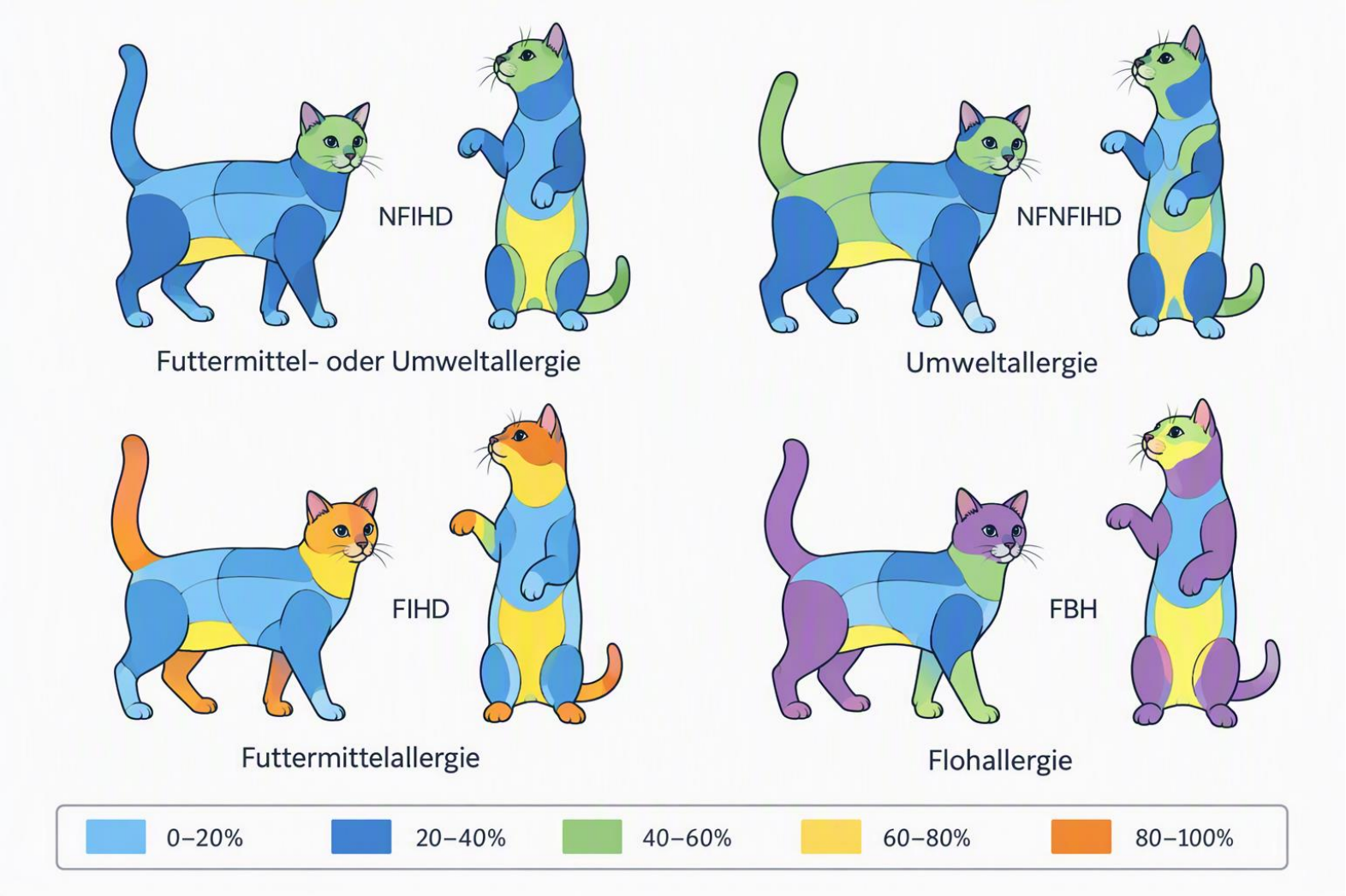
Feline pruritus DD?

Hobi et al., Vet Derm 2011:

46% allergic cats

> 2 reaction patterns

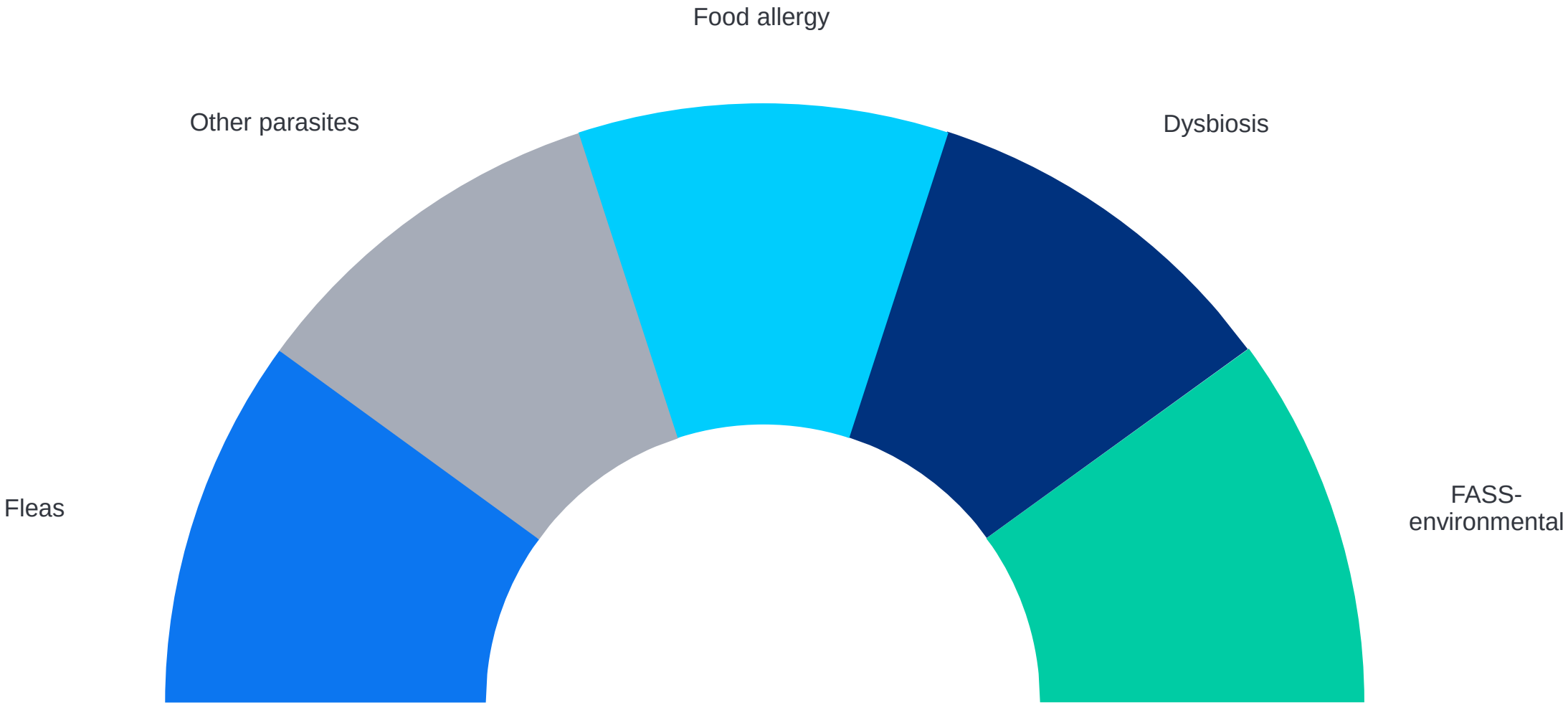
Except FAD (28%))



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Differentials...



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Fleas

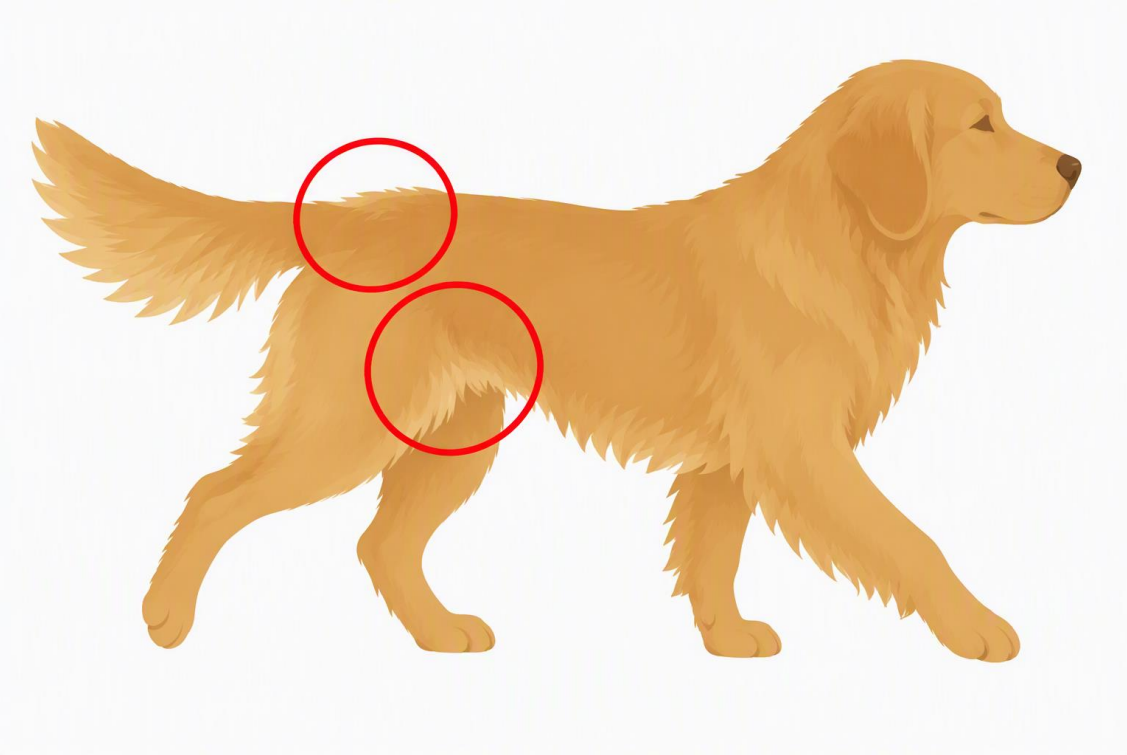
Phantom creatures;(

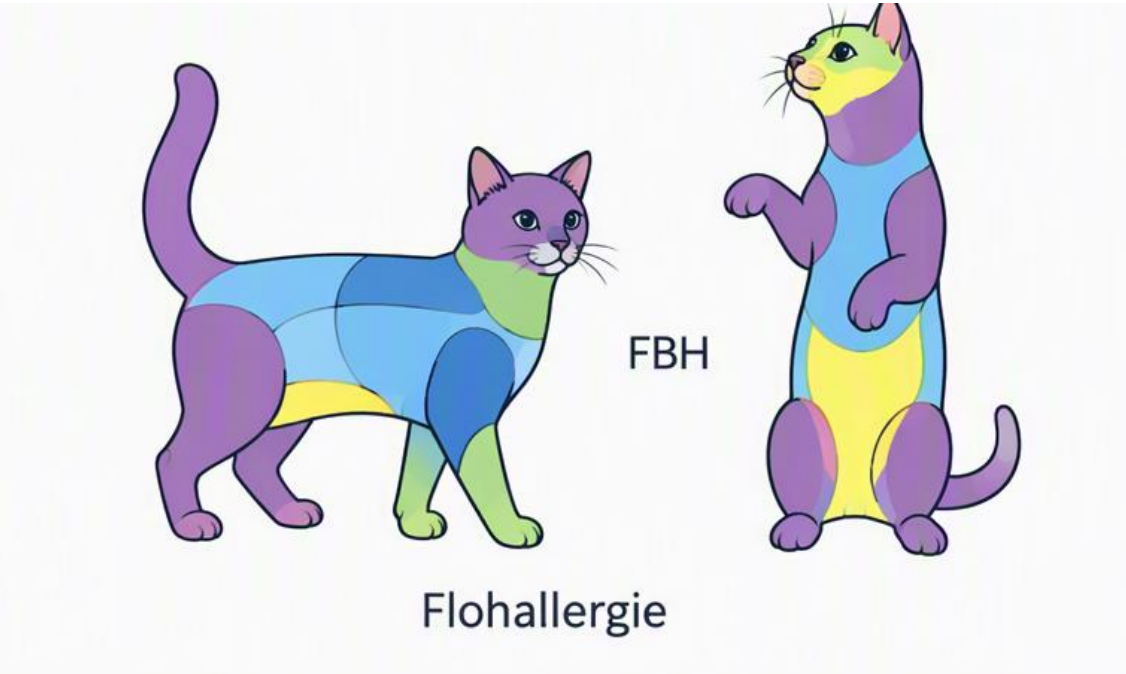
1. Unpleasant
2. Cause pruritus
3. Vector diseases (e.g. Babesia)
4. Dipylidium caninum
5. Anaemia



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FAD





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Flea infestation

O don‘t notice

Non allergic individuals can toleate well

Fleas prefer pets to humans

High reproductive rate

24 h post first blood meal: egg production, up to 50/d

VCA Animal Hospitals

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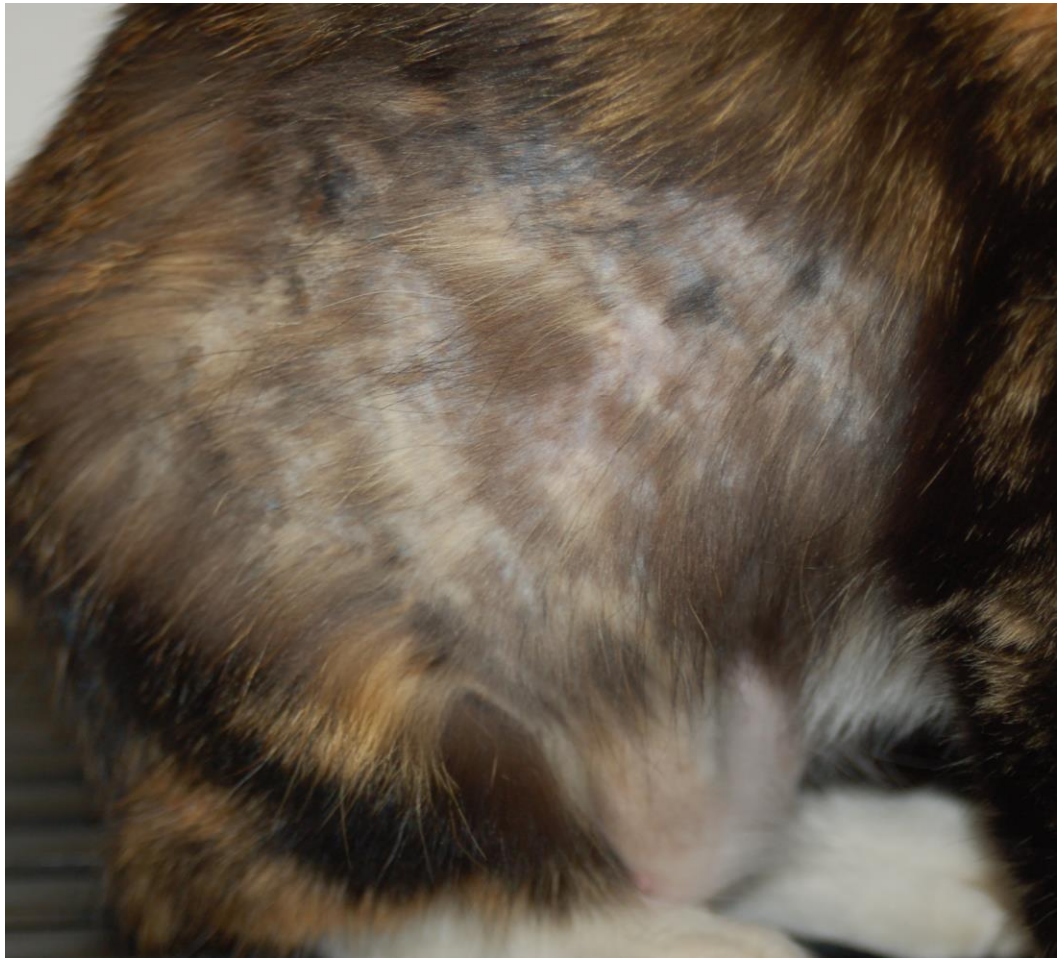
Diagnostics

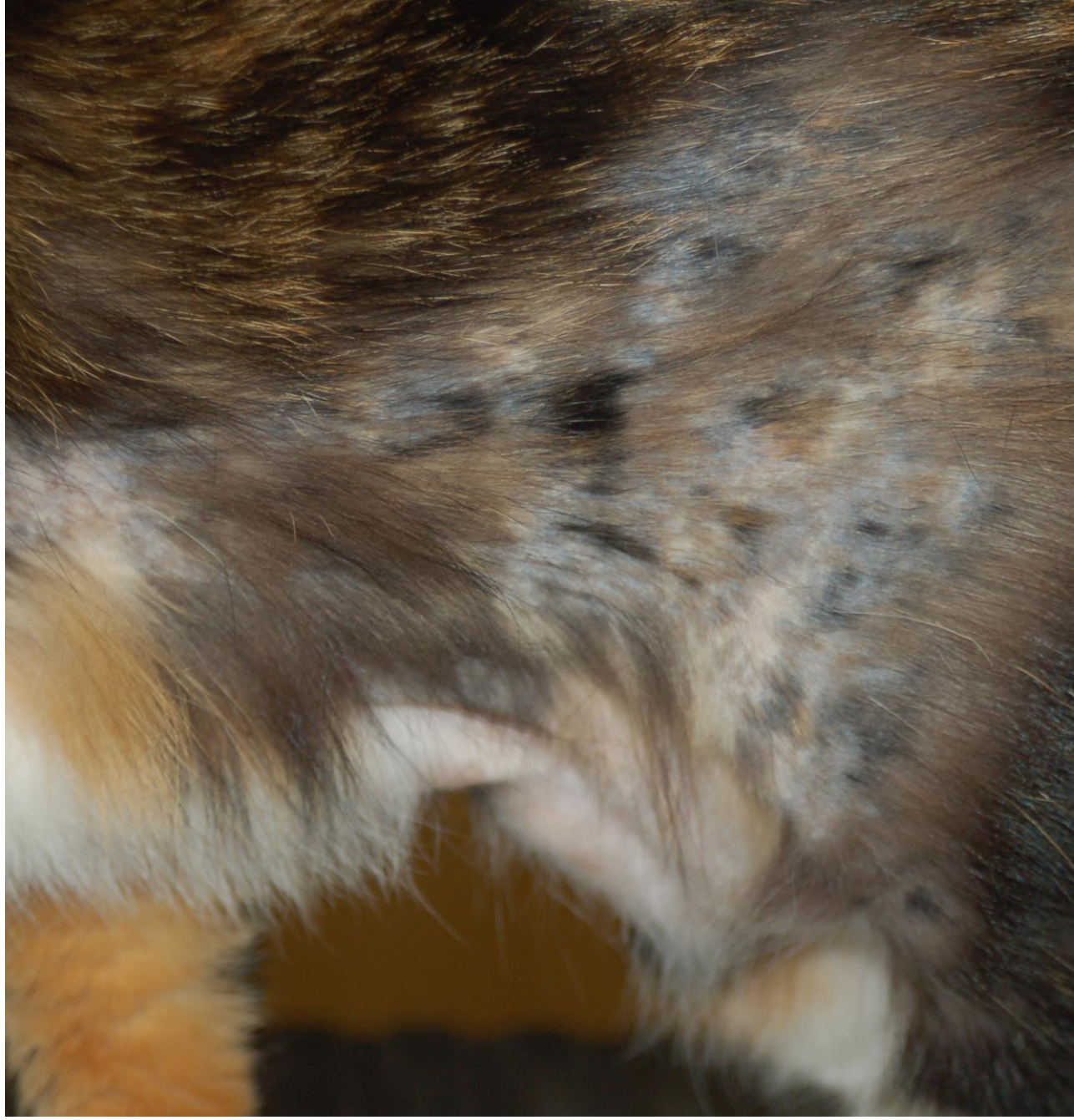
- ASE/IDAT: often false negative
- Symptoms (dog): defined lesion distribution
- Symptoms (cat): reaction patterns...any of them!
- Integrated FLEA CONTROL!
  - Response to Tx



FAD

Feline cutaneous reaction patterns





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ACFR

Feline cutaneous reaction patterns

1. Allergic vs non allergic reactions
2. Cutaneous vs. GI signs
3. Canine: identical to CAD
4. Feline: cutaneous reaction pattern
5. Otitis, fat chin
6. Conjunctivitis, V/D, flatulence, respiratory signs



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Diet trial

Tricky…

1. Cave: hepatic lipidosis
2. Choice of protein
3. No need for carbohydrate for cats
4. Palatability ?
5. Stick with type of food (tinned, dry, BARF)



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Hepatic lipidosis

Can be fatal!

1. Cats ‚grase' all day
2. If starved (>24/48 h): liver issues
3. Obse cats at risk
4. Life threatening!

→ Monitor carefully

→ Give in...

→ Slow change

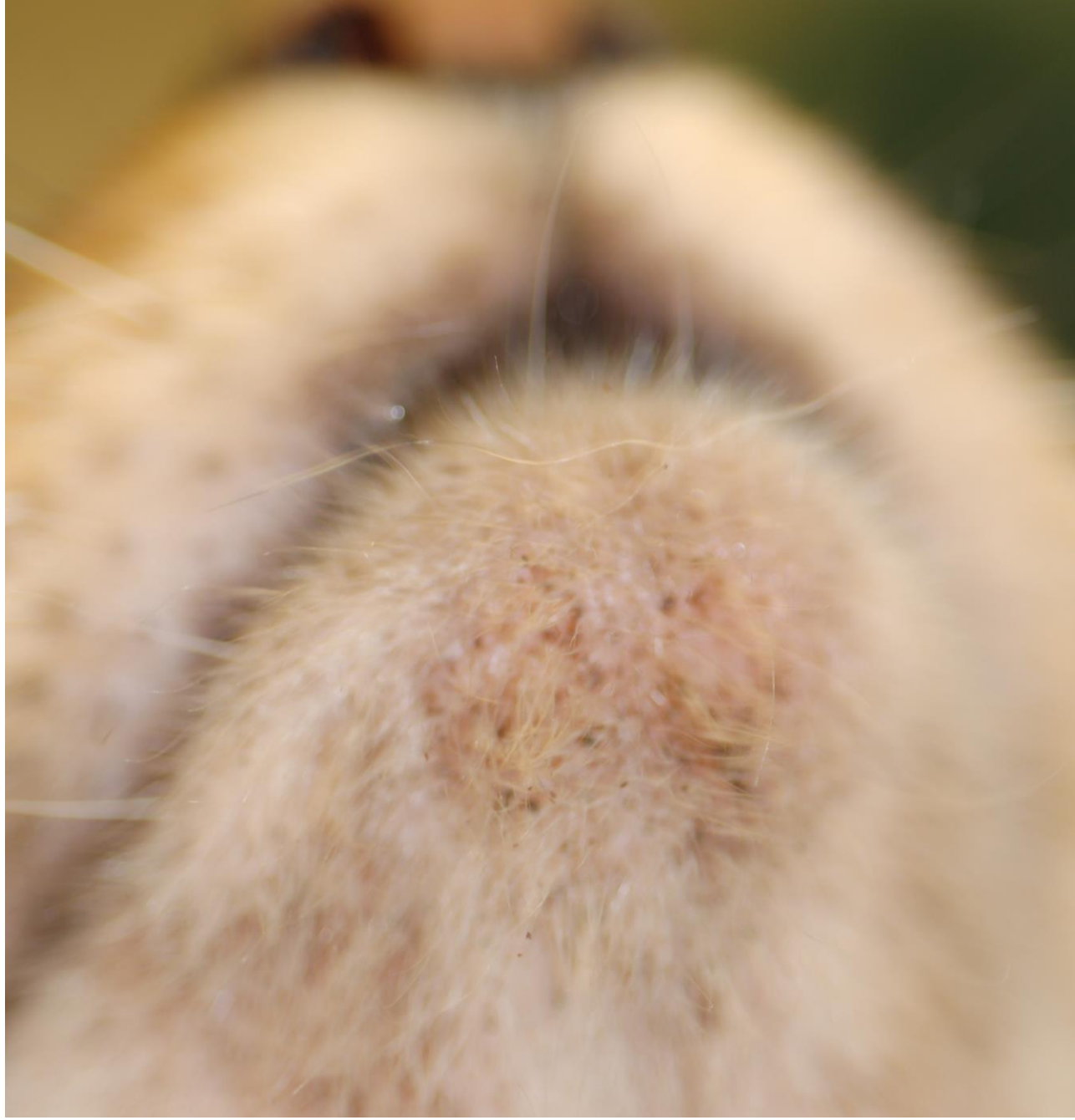


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Environmental allergy

Rule out…

1. Diagnosis of exclusion
2. DD for ALL cutaneous reaction patterns
3. Logical approach...
4. age:
    1. 72% < 3 Jahre
    2. 12% > 6 Jahre (Hobi, 2011)
    3. > 7 Jahre 12% (Ravens 2014)
5. 75% non-saisonal



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Approach

Thorough, methodical

important:

1. Detailed Hx
2. Thorough CE:
    1. General
    2. Dermatological
3. Problem list
4. List of DD



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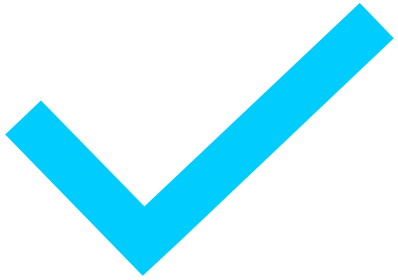
Allergy tests environmental allergies

- Not yes/no!
- Test-that-is-needed-to-formulate-allergen-specific-immunotherapy-in-a-patient-with-diagnosed-enviromental-allergic-disease
- ONLY to identify allergens
- once diagnosis has been made
- IDAT: IgE/reaction in the skin
- Serum test (ASE): serum IgE

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‚Allergy‘ test options

Test-that-is-needed-to-formulate-allergen-specific-immunotherapy-in-a-patient-with-diagnosed-enviromental-allergic-disease



ASE: allergen specific IgE testing



IDAT (intradermal allergy testing) cat: Fluorescin

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ASE: allergen specific IgE testing

Similar to the dog:

Test-that-is-needed-to-formulate-allergen-specific-immunotherapy-in-a-patient-with-diagnosed-enviromental-allergic-disease

Not for confirmation!

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Acute flare vs chronic management

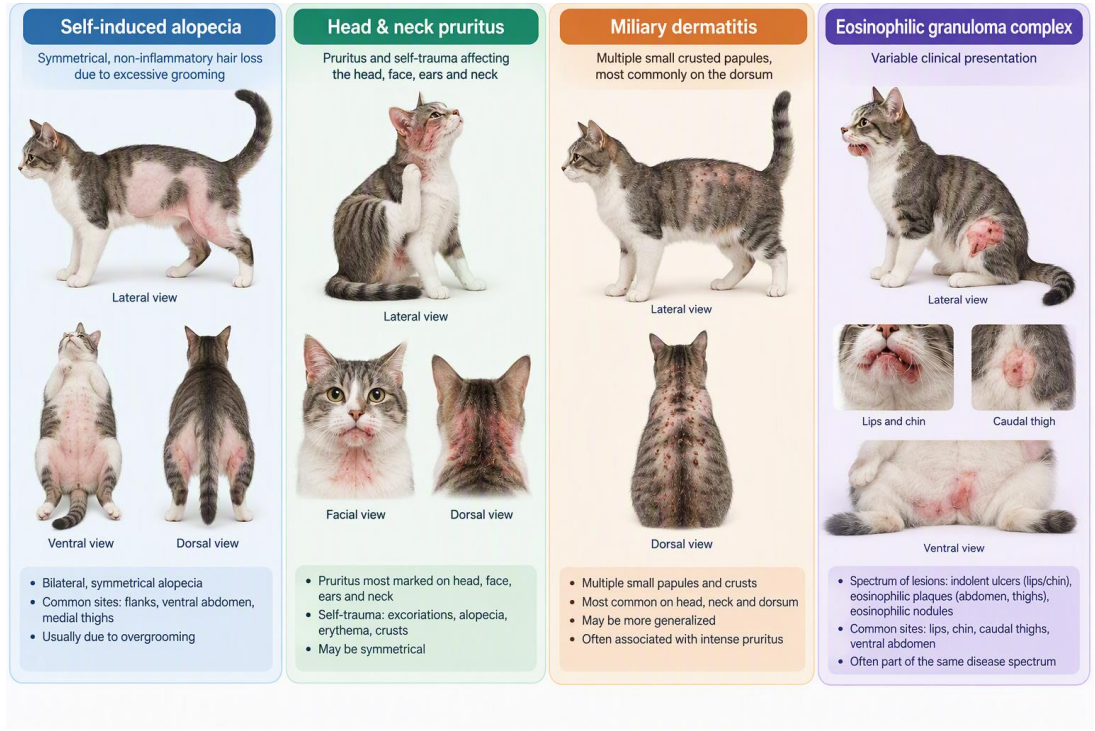
Acute flare	Chronic management
Reduce itch: symtomatic Tx	Immunotherapy
Check & treat dysbiosis	Proactive & preventative Tx
Allergen load increased?	Improve barrier function
Stress? Parasite?	Address flare factors



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Summary for pet parents

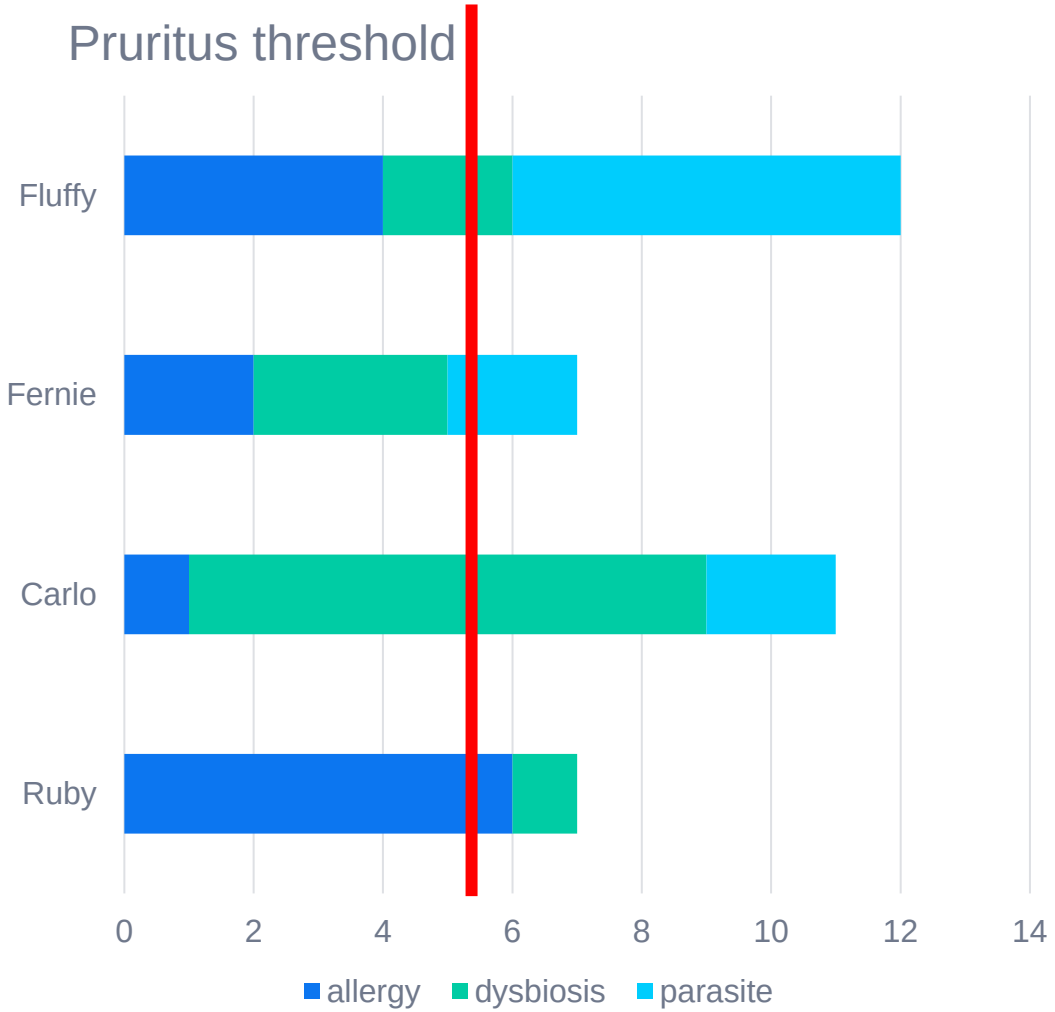


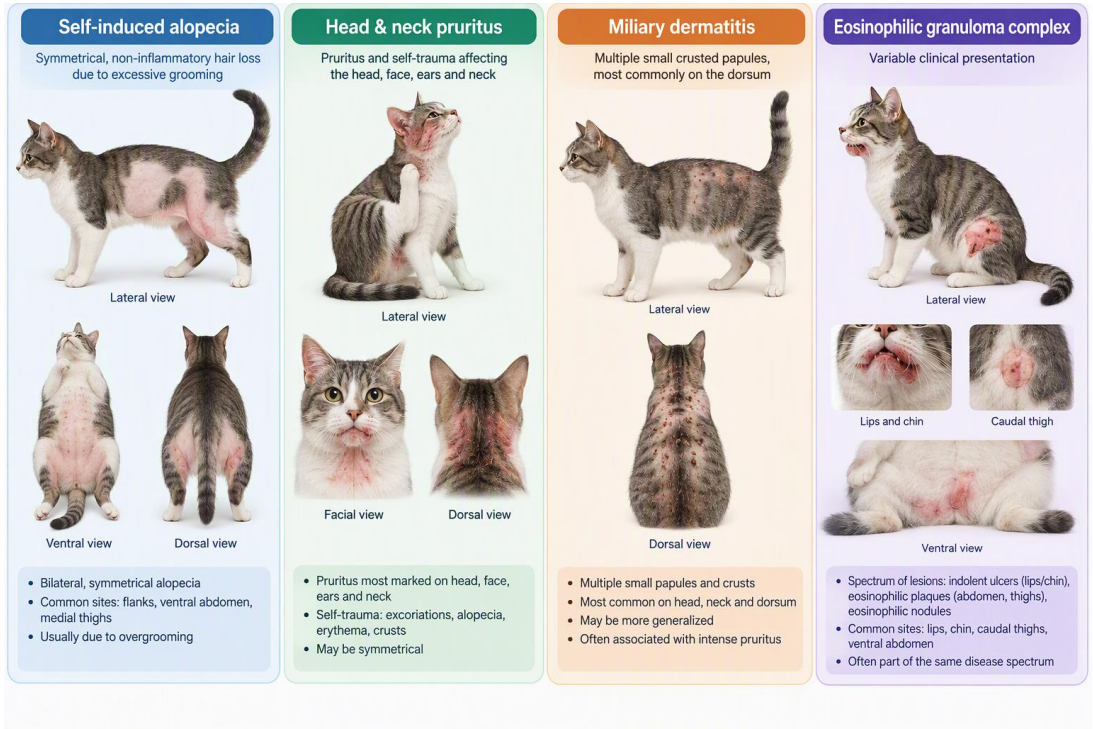


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Flare factors





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Therapy: good evidence

- Glucocorticoids
  - Cats: side effects less common
  - Avoid in DM
  - Lowest possible dose! Minimise risk
  - Skin fragility syndrome
  - E.g. dexamethasone 0,1-0,2 mg/kg BIW
  - topical HAC
- Ciclosporine 7 mg/kg
  - Effektive (40-100%)
  - >50% reduction dosing intervall (BIW)
  - Cave: FeLV, FIV, neoplasia, Toxoplasma, vaccination
  - V/D, weight loss, anorexia, taste!



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Therapy: moderate evidence

- ASIT
  - IDAT, ASE
  - 45-75% good improvement
  - -> efficacy, fes Studies, side effects rare
  - Only form of causal Tx!!!
- Oclacitinib 1 mg/kg
  - Higher dose than in dogs
  - Off label! → new EU rules!



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Therapy: low evidence

- Antihistamines
  - Chlorpheniramin best (70% besser)
- EFA
  - Few studies, not standardised
  - 50-80%
  - Works best for miliare dermatitis
- PEA (Redonyl)
  - Steroid-sparing
  - Few studies



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Individual management

+ Different breeds
+ Different individual cats
+ Different budgets
+ Different owner compliance
+ Different response to Tx

→ Always individualise for each patient!



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Questions...???





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Thank you!

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