FELINE IDIOPATHIC ULCERATIVE DERMATITIS

FELINE idiopathic ulcerative dermatitis is a rare skin disease seen exclusively in cats.

Clinical features
- The lesion normally occurs on the dorsal midline of the caudal neck or between the scapulae.
- Non-healing deep ulcer, abundant crusts and a border of non-healing skin (Figure 1).
- Pain and pruritus are variable. In the case seen in Figure 1 there was no obvious pain or pruritus on palpation. The cat would intermittently ferociously attack the lesion.
- Mild peripheral lymphadenopathy may be present.

Differential diagnosis
- Injection reactions.
- Foreign body reactions.
- Bacterial, fungal or viral infection.
- Demodex gatoi.
- Trauma.
- Burn.
- Hypersensitivity – flea, food atopy (Hnilica, 2011).

Diagnosis
- Physical examination. The lesion and its site are suggestive. There may be a history of recent injection/vaccination/spot-on application in this site. However, cases have been seen with no such history. The case illustrated in Figure 1 had been vaccinated one month before appearance of the lesion and an insecticidal spot-on product had been applied to the lesion site at the same time.
- Investigate and rule out differentials.
- Biopsy. Extensive epidermal ulceration. Chronic cases may show a subepidermal band of dermal fibrosis as described in the original report of the condition (Scott, 1990).

Treatment
- Investigate and rule out differential diagnoses. It has been suggested that a lime sulphur trial to eliminate Demodex gatoi should be considered as this mite may be difficult to find (Hnilica, 2011).
- Before attempting medical therapy it is necessary to apply bandages and a covering dressing to the area. Bandaging of the feet may also be useful. The object is to facilitate healing of the area. In typical cases this will be at least a month. Once healing has been achieved the dressings can be removed and the cat monitored.
- Unfortunately this is often followed by a recurrence of the severe self-trauma that caused the initial lesion. In these cases, once healing is re-established medical therapy is tried.
- Systemic glucocorticoids may be effective. Prednisolone at a dose of 4mg/kg every 24 hours initially with gradual tapering. It is possible that lesions will be refractory to this therapy even with the use of more potent glucocorticoids such as dexamethasone or triamcinolone.
- Wide surgical excision may be attempted. This is often unsuccessful and in the case illustrated in Figure 1 the lesion was thought to be too extensive to have a reasonable prospect of success.
- The diagnosis is therefore guarded because underlying factors are poorly understood and, as described above, even with apparently successful healing relapse may occur rapidly once protective bandages are removed.
- A review of the history in the case seen in Figure 1 suggested that the underlying stimulus to the severe self-trauma was intermittent, occurring at 6am and 6pm. In the interim the cat would not scratch at the lesion.
- A veterinary neurologist was therefore consulted with the result that several anti-epileptic drugs were trialled. One of these, topiramate, a drug used in human medicine and also for refractory epilepsy in cats (with informed consent) resulted in an immediate improvement (Figure 2). The dose was 5mg/kg every 12 hours and the improvement has been maintained over a two-year follow-up. This has led to the suggestion that the disease may be a neuropathic disorder (Grant and Rusbridge, 2014).

References and further reading

European congress in Poland next year; world congress in France in 2016
THE 2015 annual congress of the European Society of Veterinary Dermatology, organised in conjunction with the European College of Veterinary Dermatology, is to be held from 24th to 26th September in Krakow, Poland.
The next World Congress of Veterinary Dermatology, the 8th, will be held in Bordeaux, France, from 31st May to 4th June 2016.

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Figure 1. Idiopathic ulcerative dermatitis in a two-year-old female cat. There is a deep ulcer on the caudal dorsal neck. The crusts are typical of this condition. Histopathological examination of the lesion demonstrated a subepidermal line of fibrosis.

Figure 2. Same cat 22 months after treatment with topiramate at a dose of 5mg/kg every 24 hours. Resolution occurred within a few months and has been maintained over a three-year follow-up. A small scar is all that remains of the original lesion. Attempts to stop treatment on two occasions resulted in early recurrence requiring prompt protective bandaging.

David Grant, MBE, BvetMed, CertSAD, FRCVS, graduated from the RVC in 1968 and received his FRCVS by examination in 1978. He was hospital director at RSPCA Harmsworth for 25 years until his retirement from the RSPCA and is currently engaged in writing and lecturing internationally, mainly in veterinary dermatology.