FELINE ATOPIC DISEASE (feline atopy)

FELINE atopy is a type 1 hypersensitivity disease caused by environmental allergens. It is relatively uncommon, accounting for less than 5% of the author's caseload.

No lesion can be said to be pathognomonic for feline atopy, although in a series of cases investigated by Favrot and others (2011) there was a significant correlation with ventral lesions, symmetrical alopecia or a dominant pattern of cosinophilic lesions.

The same authors were unable to uncover a set of criteria that separated cats with non-flea, non-food hypersensitivity from those with food hypersensitivity. They conclude that the role of food as a cause of non-seasonal pruritus should always be taken into account and properly assessed.

In the authors' series, atopy was seasonal or non-seasonal and various cutaneous reaction patterns were observed. These were head and neck pruritus, ventral abdominal miliary dermatitis and/or alopecia, miliary dermatitis in other areas (although not dorsally), lesions occurring on caudal thighs and lateral thorax.

Excessive grooming resulted in symmetrical alopecia most commonly, but also miliary dermatitis and lesions of the cosinophilic granuloma complex. In this series it was not possible to diagnose atopy on the basis of the lesion type and site. Diagnosis was made by a step-by-step process ruling out differentials.

Differential diagnosis

The following can be considered as differential diagnoses to feline atopy:

- Flea-bite hypersensitivity.
- Food hypersensitivity.
- Mosquito bite hypersensitivity.
- Ectoparasites (Cheyletiella, Otodectes, Sarcoptes svarcans, Notodexes cat, Demodex spp.). Of these Notodexes is not currently present in the UK, and Sarcoptes and Demodex are both rarely diagnosed.

David Grant, MBE, BVetMed, CertSAD, FRCS, graduated from the RVC in 1968 and received his FRCS 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.

Clinical management

- Immunotherapy as outlined above.
- A three-week course of antibiotics such as cephalaxin or potentiated clavulanic acid potentiated amoxicillin if cytology demonstrates the presence of bacteria.
- Antihistamines. These have been of limited value in the author’s experience but Hnilica (2011) has reported reduction of clinical signs in between 40 and 70% of atopic cats. The two most favoured treatments described are Chlorpheniramine (2-4mg/cat every 12-24 hours), and Amitriptyline (5-10mg/cat every 12-24 hours).
- Similarly the same author suggests oral essential fatty acid supplements may help reduce clinical signs in 20-50% of cats and reduce glucocorticoid doses.
- Systemic glucocorticoids are extremely effective. Prednisolone 1mg/kg every 24 hours is given initially for two to four weeks until signs resolve, then given at a decreasing alternate day dose until the minimum dose is achieved that maintains the cat in remission. Many cases can be controlled with a dose of prednisolone between 0.5-1mg/kg every 48 hours. A few cases that do not respond adequately to prednisolone may respond to dexamethasone given at a dose of 2mg per cat every 24 hours until remission then tapering to the lowest possible alternate day dose.
- The problem with glucocorticoids is the possibility of side effects, particularly diabetes mellitus, and the consequent need for careful monitoring, preferably every two months and life-long. Side-effects are much more likely if prednisolone is given every day, which some clients may elect to do without the veterinarian’s knowledge, or particularly with repositol steroid injections. These have no place in the management of feline atopy except in seasons lasting a few months only, and only if the owner has difficulty administering oral medications.
- Cyclosporine (Atopica). This drug is licensed for cats and conveniently packaged as a liquid facilitating easier administration. The dose is 7.5mg/kg every 24 hours until remission of clinical signs and thereafter every 48-72 hours. Cats should be FIV- and FeLV-negative. There is also a risk of toxoplasmosis infection. This appears to be small and can be further reduced by not feeding raw meat and having a collar with two bells to reduce success in those cats that hunt.

References and further reading


