

Clinical approach to feline patients with skin disorders

General considerations

Dermatologic patients are common in clinical practice, and their diagnosis and management can get very frustrating. This is due to a variety of factors such as the chronic nature of most skin disorders, and the fact that many dermatologic manifestations may look very similar to the untrained eye. Primary lesions are rapidly replaced by less specific secondary lesions which provide limited help in identifying the underlying problem.

“Clinicians” should therefore be very familiar with the appearance of primary lesions and should strive to identify them, if possible, on each patient, noting their distribution and characteristics.

A detailed list of primary lesions is provided later in this chapter with a specific definition of each type. However, it is important to realize that over time, with experience, clinicians will be able not only to identify primary lesions but also some of their more subtle features. For example, pustules are primary lesions, but they can be follicular or extra large spanning multiple follicles. Those large pustules that comprise multiple follicles drive the suspicion of diseases like pemphigus foliaceus when located on the ears or face in middle-aged patients, while follicular pustules are more associated with diseases like dermatophytosis or *Staphylococcus* spp. infections.

Pruritus is frequently reported with dermatologic cases, whether coming from underlying diseases or as a consequence of infections developed over time. Primary skin diseases are frequently complicated by secondary infections, which exacerbate the pruritus,

hence clinical manifestations might appear even less specific. Thus, the majority of dermatologic patients may be pruritic due to infections, even if the underlying disease is not originally pruritic. For all these reasons, it is very important for practitioners to use a systemic approach when assessing dermatologic cases. This is particularly crucial with any long-standing case where problems have been accumulating over time. For this reason, the leading rule in practice is to treat the treatable and reassess both for the presence of lesions as well as the presence of pruritus. This starts by ruling out common disorders and diagnosing and treating the infections to see what is left after these are gone.

Some feline-specific dermatological challenges include the fact that cats have their own specific syndromes (e.g., miliary dermatitis, eosinophilic granuloma complex) which can be triggered by a multitude of underlying diseases, non-pathognomonic of a single stimulus. For this reason, making a clinical diagnosis of one of those syndromes requires additional work to figure out what triggered that syndrome in that specific patient.

Cats are secretive groomers, so owners may not be aware of their cats' level of pruritus since its manifestation typically occurs when cats are alone under quiet conditions and the owner is not around. Thus, in alopecia cases it is important to assess whether the hair loss is spontaneous or self-induced by pruritus. For that purpose, examination of the tips of the hairs is helpful to know whether trauma has occurred or not.

While internal medicine specialists can rely on tests that will definitively diagnose some diseases, this is seldom the case in the field of dermatology, where the single most important piece of information does not come from a test but from taking an accurate history and a physical exam.

TABLE 1.2 Common differential diagnoses for nodules in cats

Categories of diseases	Examples
Bacterial infections	<ul style="list-style-type: none"> • Staphylococcal deep pyoderma • <i>Nocardia</i> spp. • Atypical mycobacteria • Less common: leprosy
Fungal infections	<ul style="list-style-type: none"> • Pseudomycetoma (caused by <i>Microsporium canis</i>) • Sporotrichosis • Cryptococcosis • Less common: systemic fungal infections like blastomycosis, <i>Coccidioides</i> spp.
<i>Oomyces</i> spp., algae	<ul style="list-style-type: none"> • Pythiosis, <i>Prototheca</i> spp.
Sterile (immune-mediated)	<ul style="list-style-type: none"> • Plasma cell pododermatitis, sterile panniculitis
Neoplastic	<ul style="list-style-type: none"> • Mast cell tumor, squamous cell carcinoma, follicular tumors

cytology tests from a pustule to obtain information about the types of cells and the presence of bacteria.

Nodules are defined as a circumscribed lesion raised above the level of the epidermis (Fig. 1.4). Common differential diagnoses for nodules are provided in Table 1.2. Nodules can be caused by the accumulation of inflammatory or neoplastic cells. It is important for clinicians to perform cytologic tests from nodules and

consider the possibility of infection any time a pyogranulomatous infiltrate is detected.

Tumors are defined as swelling or enlargements of skin tissues. They are usually, but not always, neoplastic.

Vesicles are defined as circumscribed elevations of the epidermis caused by accumulation of clear fluid within or beneath the epidermis. They are very transient and

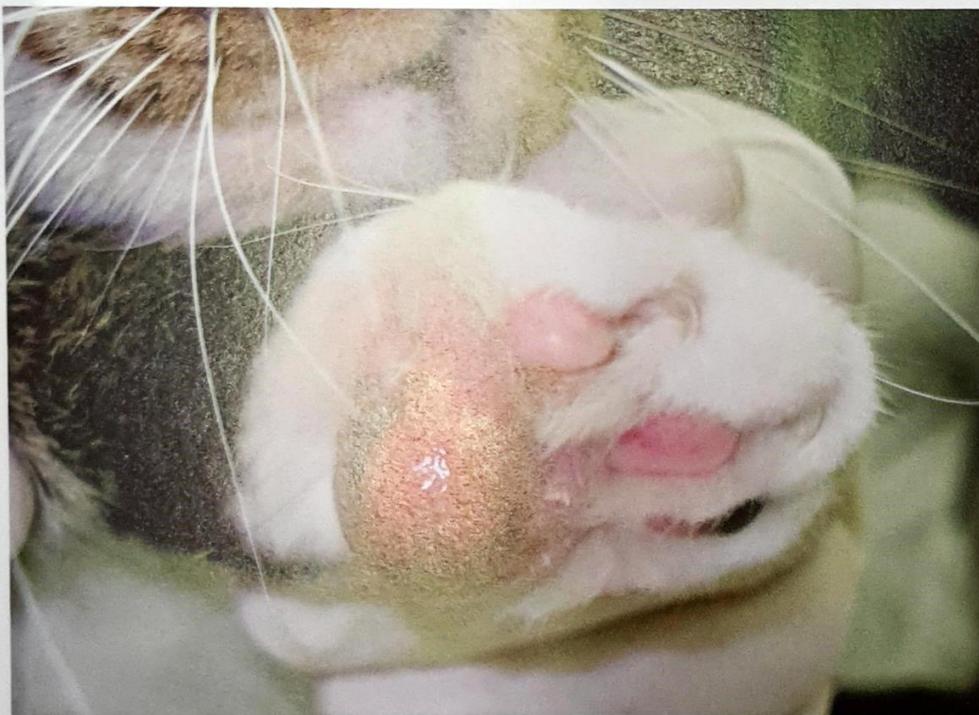


Figure 1.4 Large nodule on the footpad of a cat with plasma cell pododermatitis. In this case the nodule was soft with an ulcerated surface.



Figure 6.2 Circular lesion on the other pinna of the same kitten from Fig. 6.1. Note the circular crusting and a more general scaling appearance of the coat. The circular crusts suggest a prior pustular dermatitis.



Figure 6.3 Circular area of alopecia and crusting above of the eye of a cat.



Figure 6.4 Circular area of alopecia on a cat's hock.