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DIFFICULT CASES OF FELINE PRURITUS

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Exactly as mentioned for dogs, the great majority of pruritic cats are affected by parasitic, allergic fungal or allergic conditions. Nevertheless some other conditions should be known and may induced strong pruritus in feline.

This presentation will focus on three of them: Pemphigus foliaceus, herpesvirus dermatitis and feline demodicosis.

Clinical presentation of **feline PF** is very similar to canine counterpart. It should however be noticed that two body areas are often affected in cats, which are rarely affected in dogs: teats and claw beds. The diagnosis is based on the same observations that in dogs but is usually easier because pustules are virtually only observed with this condition in feline. It is also interesting that the treatment is usually easier and that some spontaneous remission are observed.

Herpesvirus dermatitis is a relatively frequent viral disease affecting cats with latent HV infections. Cats may be affected at any age and skin changes may occur concomitantly with other signs or not. The first signs are observed in the periorcular or perinasal skin and the pattern is often asymmetric. One observe crusts, erosions, erythema. Pruritus may be intense and secondary self-induced lesions are also present.

The diagnosis is not easy because the disease often present like a case of head and neck pruritus. Hypersensitivity dermatoses as well as parasitic and fungal conditions should be ruled out first. Diagnosis is based on histological examination and use of molecular technique such as PCR. Histologically, HV dermatitis is a necrotizing eosinophilic conditions and intranuclear viral inclusions are unfortunately not always observed. In fact, HV dermatitis are sometimes misdiagnosed as hypersensitivity dermatitides. Results of PCR may also be misleading as asymptomatic carriers of the virus may also be positive. Ideally, PCR should be carried out in two different places (affected skin and mucous membranes or affected skin and healthy skin) and outcomes compared. When quantitative PCR is available, it is the best tool, because asymptomatic carrier have a lower viral load than affected ones. The treatment is based on the use of Famcyclovir and L Lysine.

Demodicosis is rarer in cats than in dogs and is usually associated with immunosuppression. Several species of demodex have been identified in feline: demodex felis and demodex injai. Demodex injai is a smaller species whose proliferation in the epidermis is associated with strong pruritus. The former species is the counterpart of demodex canis and develop in the hair follicles. Affected are usually older and have some additional immune-mediated conditions. On a clinical point of view, one observes crusts, alopecia and erythema. The diagnosis is based on positive skin scrapings. One should keep in mind that some demodex may be very small and may be overlooked. When the diagnosis is made, one should look for immunosuppression such as diabetes, Cushing syndrome, neoplasia or FeLV/FIV infections. The prognosis largely depends on the primary disease. The treatment use lime sulphur or avermectines.