

5 vile veterinary derm conditions that get under *my skin*



When the going gets gross, get going on finding solutions that preserve both the health of the pet and the human-animal bond.

By Melissa Hall, DVM, DACVD

Though working in veterinary dermatology is a daily assault on the senses, I find the grossest of diseases to be the most rewarding to treat, as they greatly improve the quality of life for the patient and the client while restoring and strengthening the human-animal bond (since most of us like to be near our pets without gagging). Here are five of the most cringe worthy dermatologic conditions I've encountered:

Perianal fistula

Alias: Anal furunculosis

Description: Perianal fistula is a chronic, progressive inflammatory disease that's most often diagnosed in middle-aged German shepherds. The etiopathogenesis is only partially understood, but genetic and anatomic factors and a dysregulated immune response are known disease contributors.



Signs: Dogs often present with perianal licking, tenesmus, painful defecation, weight loss and lethargy. The perianal lesions are not associated with the anal sacs and can range from pinpoint-sized draining tracts to large, cavitating, ulcerated sinuses. Upon palpitation, the anus and rectum may be thickened and fibrous, and a malodorous mucopurulent discharge is often present. Because about half of affected individuals have concurrent colitis, it can be assumed that the scope of the disease extends beyond external lesions.



It's not magic:

The skinny on treating canine atopic dermatitis

Red, itchy skin is more than just an annoying problem. It negatively affects a dog's quality of life and can lead to secondary infections. Fortunately, this overview of your therapeutic options and step-by-step treatment strategy can help you provide relief to your itchy patients—and as a bonus, this veterinary dermatologist throws in a few treatment tricks of the trade.



Canine atopic dermatitis is like a trickster in a fairy tale—always causing chaos. But let's talk about a more practical kind of magic. After all, you don't need to be Houdini to get pet owners to cheer for your successful treatment of their itchy pets. It is true that an estimated 10% to 15% of dogs suffer from atopic dermatitis; and the actual number is probably considerably higher. Atopic dermatitis typically manifests as pruritus and erythema, but some dogs develop recurrent pyoderma or otitis externa instead. Here's how to take the intrigue out of canine atopic dermatitis—no secret key or sleight of hand required.

No magic pill

No single therapy is 100% effective at treating atopic dermatitis. Most patients need a core therapy and one or two supportive therapies. Four core allergy therapies that are safe for long-term use are 1) immunotherapy, 2) cyclosporine, 3) oclacitinib and 4) canine atopic dermatitis immunotherapeutic (CADI).



Making a difference for dogs with atopic dermatitis: When to use Apoquel and when to use Cytopoint

New dermatology drugs give veterinarians and pet owners great new options for managing pruritus, but navigating the best use of each one can be tricky. Here's a guide to using two newcomers effectively. *By Lindsay McKay, DVM, DACVD*

Making the diagnosis

Before we delve into a discussion of managing canine atopic dermatitis, let's first look at how to make the diagnosis. In my veterinary dermatology practice I use a four-step approach in my allergy workup that focuses on ruling out other causes of pruritus.

1. Rule out parasites.

Unfortunately, our physical exam findings and tests such as skin scrapings and flea combings are not adequate to rule in or rule out parasites such as fleas or scabies. The best method is to employ treatment trials for these types of parasites.

2. Identify infection.

The next step involves performing skin and ear cytologies to identify secondary bacterial and yeast infections. Managing these

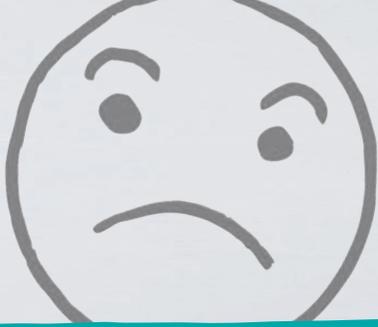
infections often involves the use of both oral and topical antimicrobial therapies.

3. Consider food allergies.

The third step is a diet elimination trial to assess for food allergies.

4. Make the diagnosis.

Our final step is to make the diagnosis of canine atopic dermatitis if we still have a pruritic dog that's relatively free of lesions. Residual lesions at the end of these four steps would lead me to consider additional testing such as skin culture and sensitivity testing to assess for resistant bacterial skin infection or skin biopsy to look for non-allergic disease. Ultimately the diagnosis of canine atopic dermatitis is a diagnosis of exclusion once we've ruled out these other causes of pruritus.



"I'm treating my dog's hot spot with Listerine"

Your response? Try these communication remedies for at-home dermatologic treatments gleaned from Dr. Google. The goal: Help the pet without shaming the client. *By Darin Dell, DVM, DACVC*

The desire for easy, low-cost, use-items-in-your-pantry-or-medicine-cabinet fixes to dermatologic problems often drives clients to the internet for information. What they often get, however, is misinformation. How are veterinarians supposed to address these strange and sometimes dangerous home remedies without embarrassing or shaming clients?

Curb your criticism

It's important to note that the questions above will backfire if you fail to keep your facial expressions, tone and body language in check while listening and responding to their answers. Avoid appearing surprised, upset, incredulous or angry, which will teach your clients to keep their mouths closed. Remain passively interested, and don't interrupt or release heavy sighs of frustration.

If a client discloses the use of a home remedy, try the following approach:

- 1.** Acknowledge that the client was trying to help. Depending on the client, you might even praise him or her for taking the initiative.
- 2.** Ask questions about when the client started the treatment, how often it's being given and how it seems to be working. Doing so demonstrates that you aren't immediately dismissing the client's attempts to help the pet.
- 3.** Avoid putting down the source of the treatment, be it the internet, a friend, a groomer or a breeder.
- 4.** Explain why the overall concept was good (if it was) but why the home remedy was not the most effective option.
- 5.** If a treatment is dangerous, focus your concern on the pet and explain that safer options are available. Educate without placing blame.