

IWHG Breed Health Seminar 2019

Going Skin Deep & Beyond



*Dermatological conditions causing
distress in Irish Wolfhound owners and
dogs*

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THE ITCHY IW

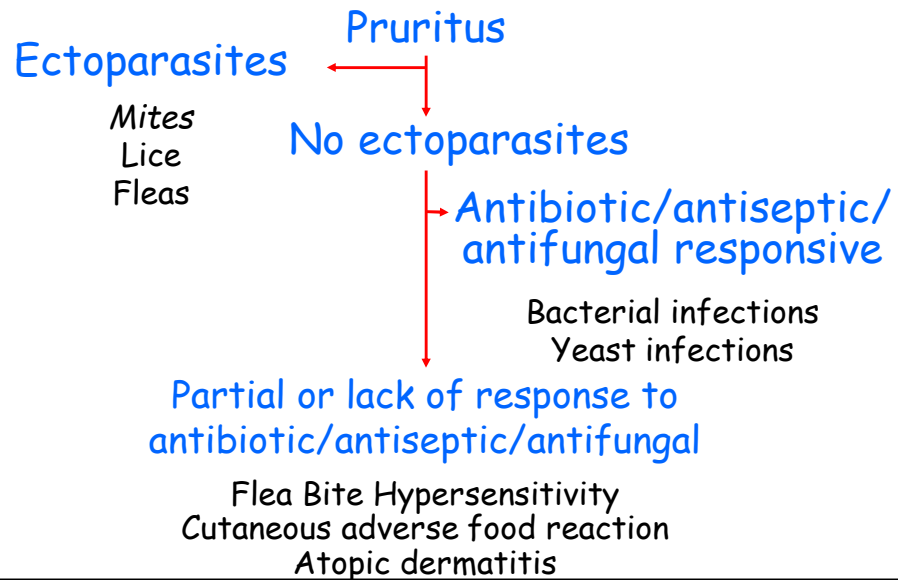


PRURITUS

- Most common presenting complaint in our daily practice
- Most common clinical sign in dermatology patient
- Synonymous with itch
- A CLINICAL SIGN, not a diagnosis
- Signs of pruritus
 - Scratching
 - Licking, chewing/biting
 - Shaking
 - Twitching
 - Rubbing

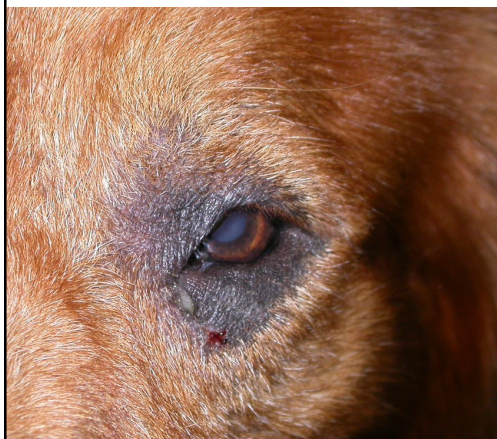


PRURITUS - ALGORITHM



ALLERGIES

CAFR vs. atopic dermatitis ?



CUTANEOUS ADVERSE FOOD REACTION

- Owner's most frequent complaint
 - ✓ Pruritus



CAFR

- Clinical signs: variable, unpredictable
- Owner's may also report:
 - ✓ GI signs (vomiting and or diarrhoea)
 - ✓ Neuro signs (seizures)
- Derm lesions
 - ✓ Erythema, papules, pustules, collarettes, urticaria, angioedema, dry skin,
 - ✓ Chronic phase: hyperpigmentation, lichenification, acral lick granuloma

CAFR

- **Body site**
 - ✓ Ears (80%), paws (61%), abdomen (53%)
face, neck, limbs, axillae, and/or
perineum (22%)



CAFR

- **Allergy tests**
 - Unpredictable results

CAFR

- "Gold-standard" method
 - Individualised diet
 - Home-cooked vs commercial diet (novel protein and carbohydrate)
 - Hydrolyzed diet
 - Vegetarian diets



HYDROLYSED DIETS



VEGETARIAN DIETS

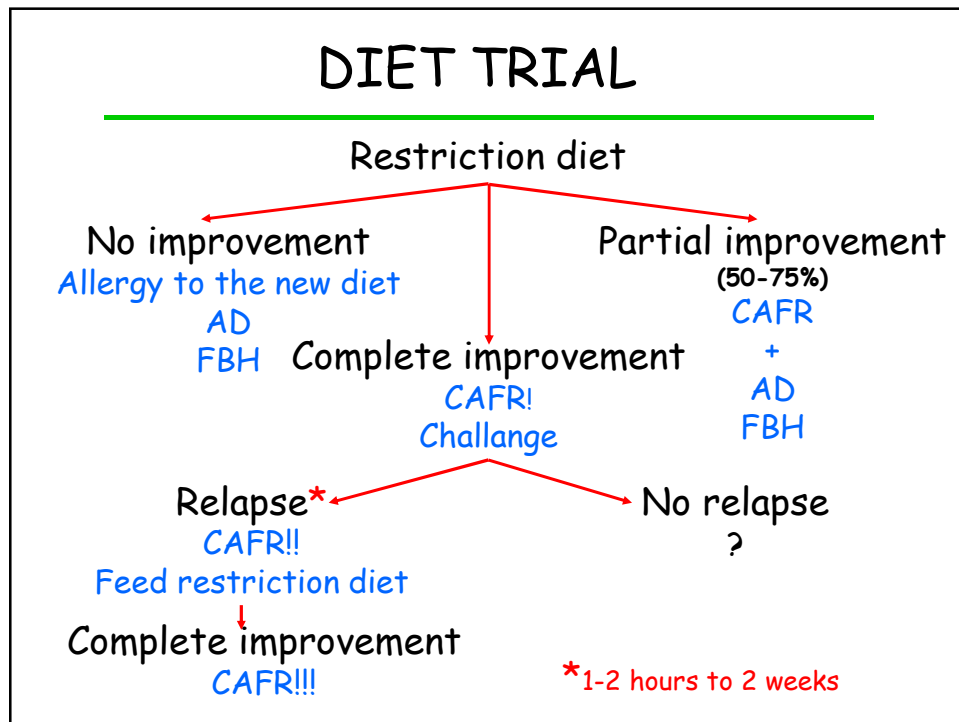


ITEMS TO AVOID

- Flavoured:
 - Toothpaste
 - Worming tablets
 - Antibiotic or NSAID
- Treats, chews, vitamin/mineral supplements and fish oil
- Other dogs/foxes faeces!
- Roadkill/ dead birds/rabbits!



DIET TRIAL



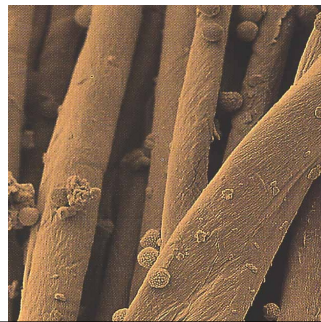
ATOPIIC DERMATITIS

- Pruritic dermatitis
- Otitis
- Rhinitis/sinusitis/conjunctivitis ("hay fever" like syndrome)



ALLERGENS

- House dust mites
 - *Dermatophagoides farinae*
 - *D. pteronissinus*

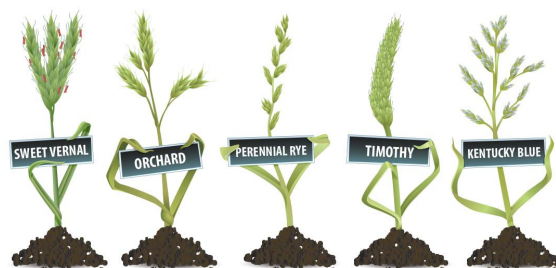
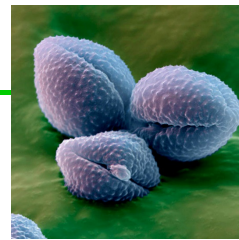


ALLERGENS

- Storage mites
 - *Acarus siro*
 - *Thyrophagus putrescentiae*

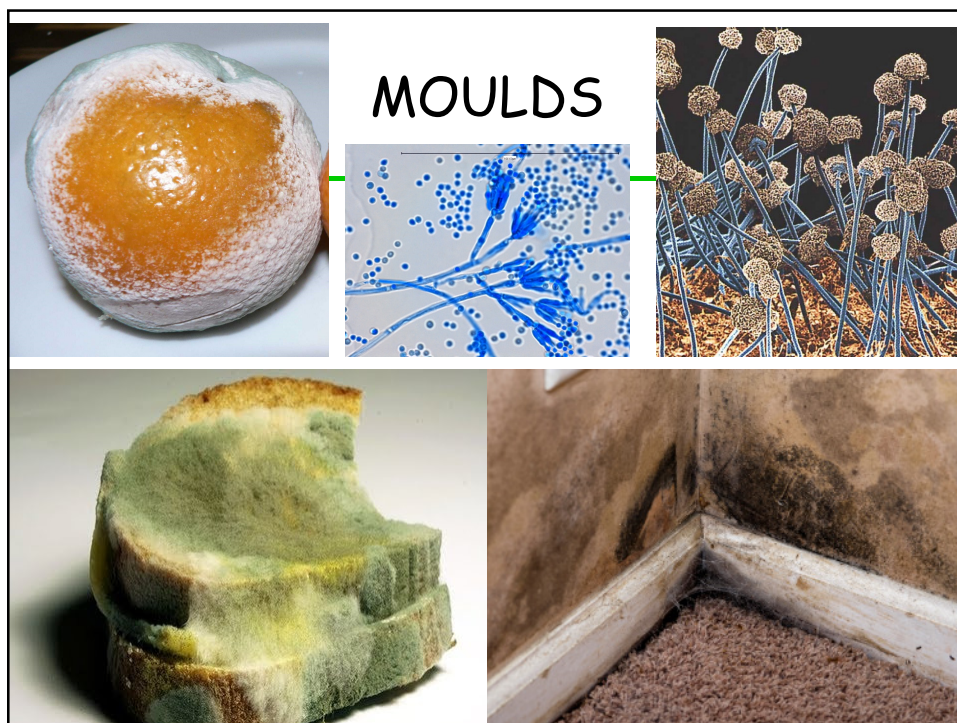
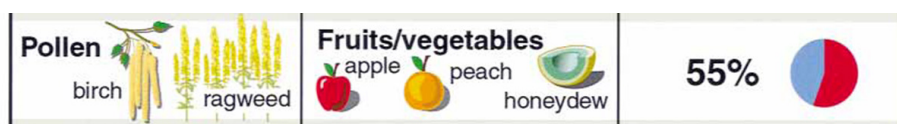


POLLENS

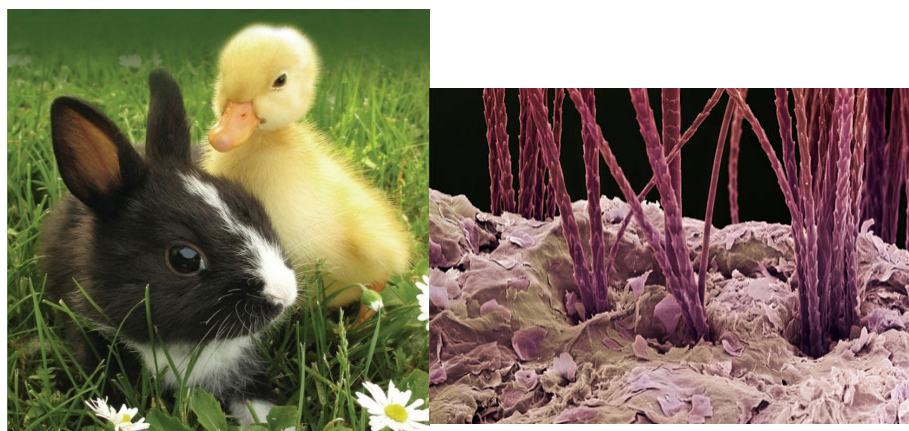


POLLEN-FOOD SYNDROME

- Initial sensitisation to pollens might induce clinical signs when homologous proteins are ingested



DANDER & FEATHERS



ATOPIIC DERMATITIS

- Multifactorial disease
 - Genetic factors
 - Environmental factors
- Skin barrier, immune system and neurological response involved
- IL-31 over-expression induces pruritus, skin lesions and alopecia

ATOPIIC DERMATITIS

- There is no cure! We can only control the clinical signs. It is not a one-off treatment plan as it needs to be regularly reassessed and the treatment checked and maybe modified

ATOPIIC DERMATITIS

- Controlling AD is complex and requires a multimodal approach
 - Avoidance of allergens, when possible



THERAPY (atopic dermatitis)

- Several options to choose from
 - Allergy vaccine
 - Steroids - not suitable for long term use
 - Antihistamines
 - EFAs
 - Ciclosporin
 - Oclacitinib
 - Lokivetmab
- Supplemental therapies
 - Diet
 - Topicals to improve epidermal barrier

QUESTION #1

- XXX's allergy issues are based all around his head...no problems at all elsewhere on his body...
- It started with red & itchy ear flaps when the oilseed rape came into flower...then redness around his eyes...& later his lips...



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- We believe the main trigger of XXX's allergies is seasonal (pollen/grasses etc) as a few of his littermates have had ear issues....
- Vet prescribed Surolan to apply to affected areas which helped & finally daily Piriton to keep it all under control...
- Ears & eyes are ok now & lips improved...
- But last week our vet administered Cytopoint as an injection...
- I do have a pic of his lips/nose from a few weeks ago & have taken one again today....



QUESTION #1

- Just taken one tonight & another a week ago...it must be environmental as it always seems to flare up after we have been out for a walk





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- But last week our vet administered Cytopoint as an injection...
- I do have a pic of his lips/nose from a few weeks ago & have taken one again today....
- Thoughts on Cytopoint to control the itching etc.???

QUESTION #2

- Xxx developed a skin reaction when she was approx 5 months old (it notably started in Spring, April/May) which got progressively worse until finally, after a series of antibiotic treatments it receded when put on a hypoallergenic diet at about 11 months old
- During the previous 5 months she would have lesion type breakouts, typically on her paws and her belly/groin area and her hind inner thighs

QUESTION #2

- The food and plant allergy test results returned in November around her first birthday and showed she had a very strong allergy to Salix in particular: a score of 555 on that particular scale plus other scores in the 30's and 50's to quercus and alder
- Her food intolerances were generally to all forms of meat. Chicken, wheat and salmon being the highest at 4 on the food related scales, and the lowest intolerance to white fish, beef and venison at 1 on the scale

QUESTION #2

- My questions would be:
 1. How do the allergy scales for plants compare to the allergy scales for foods, i.e. is a reading of 555 for salix a much higher allergy rating compared to the chicken etc, of 4 for the food related scales. That is, is she much more allergic to plants than foods and are we being overcautious about fresh meat to her nutritional detriment?
 2. May she grow out of this?
 3. May it limit her life span and health in the future?

QUESTION #3

- Why is it that my dog seems to tolerate certain food items etc then have a reaction to them out of the blue?
- Is there a hormonal component (unspayed bitch)? Worth spaying?
- And if I can ask neither of the above then any suggestion for recurring yeasty ears? (Sudacrem solved itchy feet but can't put that in her ears!!)

QUESTION #4

- Xxx was born April 24, 2018
- On 8/29/18, I brought XXX back to the vet for a "rash" on his abdomen
- The rash was round crusty red spots that would scab over, go away and reappear
- XXX was diagnosed with puppy pyoderma and given a course of Cephalexin 500mg and 20 mg of Prednisolone b.i.d. XXX skin issues seemed to wax and wane while taking the cephalexin and prednisolone and never resolved completely
- "xxx had a lot of antibiotics in the first 8 months of its life"

QUESTION #4

- The treats have always been grain-free, and I've recently switched to freeze dried, humanely sourced, beef hearts, lungs, liver and trachea. The only human foods XXX consumes, on occasion and not as a constant, are raw eggs, blueberries, carrots, goat's milk, feta cheese, and kefir
- XXX does not tolerate dairy (cheeses) at all (diarrhea)
- Supplements for allergies (green lipped mussels, etc.) do not seem to help XXX and have exacerbated XXX skin problems

QUESTION #4

- My vet will not consider a holistic approach, and I refuse to keep giving him antibiotics and steroids
- The next step in the process is a round of allergy testing and thyroid blood tests

QUESTION #5

- As allergies and autoimmune problems are both as a result of an over-active immune system, why do some cross over into autoimmune disease and some not all? Is there a trigger?
- Will allergies subside with age or remain for life?

QUESTION #6

Rosario,
I own a 20 month old female Irish Wolfhound. At the age of 6 months she developed a skin irritation on her belly and all 4 feet. Also she started to produce large amount of brown wax in her ears leading to shaking her head and scratching her ears. Her whole body seems to become very hot and the white parts of the feet become stained brown. Vet diagnosed a skin allergy. He advised having blood tests to narrow down the problem. I enclose the test results.

(BRNZ) MiPetAllergy Bronze 7 Panel Screen (Canine/Feline)	
Laboratory Comments	
(BRNZ) MiPetAllergy Canine/Feline Screen	
Grass	POSITIVE
Weed 1	POSITIVE
Weed 2	POSITIVE
Tree 1	POSITIVE
Tree 2	POSITIVE
Mites	POSITIVE
Fungi	POSITIVE

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The ears have been treated with Easotic which seems to have cleared up the problem.

The belly problem has settled down as I give Apoguard once per day. Her feet are kept relatively under control but not as I would prefer. They occasionally weep so I just bathe them and use cream. This moves from foot to foot.

My question is:-
Am I using the correct treatment?
What has caused this problem?
Is there any other treatment available for these conditions?
What is your view on puppy vaccinations?

THE LUMPY/BUMPY IW



QUESTION #7

- My dog had histiocytoma



HISTIOCYTOMA

- Common benign tumour
- Commonly are solitary tumours
- Undergo spontaneous regression



QUESTION #8

Eira, "lumps and bumps"

Over the course of the weekend before the IWS open show Eira broke out in approximately two dozen lumps and bumps, (the only way to describe them), some long flatish and grey in colour and some hard and red and more bulbous.

She was absolutely fine in herself, full of life [she's a maniac!] and eating and drinking really well as usual, so I wasn't overly concerned, but I took her to my Vet on the Monday morning to have her checked over, expecting the diagnosis to be an allergic reaction to something. To be honest I was a bit nervous about

and drinking really well, as always, and full of life. And we fully understood that the medication she would be prescribed, either Prednisolone or Cyclosporin, both had awful side effects and would make her very ill indeed. Thank goodness I have a super vet with whom I have an excellent rapport, who bore with me regarding the non treatment and "wait and see route" that I had requested, she was desperate to treat Eira and extremely worried about her, but supported me in my decision to wait.







SGPS

- Idiopathic, uncommon disorder
- Pathogenesis unknown, but the histiocytic nature of the inflammatory infiltrate, failure to demonstrate a causative agent, and the good to excellent response to glucocorticoids and other immunomodulating drugs support it being considered as an immune-mediated disorder

SGPS

- The clinical manifestations are characterized by firm, hair covered to partially alopecic, erythematous papules, nodules, or plaques
- The involved locations are more commonly the head (mainly bridge of nose, muzzle, and periocular region) and distal extremities
- The treatments most commonly used are surgical excision of solitary nodules or systemic medications: glucocorticoids, tetracycline and niacinamide or azathioprine in cases where lesions are not responding to glucocorticoids

J. small Anim. Pract. Vol. 8, 1967, pp. 291 to 292. Pergamon Press Ltd. Printed in Great Britain

Calcinosis Circumscripta (Calcium Gout) in related Irish Wolfhounds

L. N. OWEN

School of Veterinary Medicine, University of Cambridge, Madingley Road, Cambridge

DESCRIPTION OF AFFECTED DOGS

A Red Irish Wolfhound bitch was examined when three years old for a firm, ulcerated swelling about 6×2 cm on the lateral side of toe five on the left hind leg. The lesion, as a small swelling, had been noticed two years previously, had increased very slowly in size and recently ulcerated. Chalky white material was visible in the ulcerated area and radiological examination showed the characteristic appearance of calcinosis circumscripta or "calcium gout" (Fig. 1). As much as possible of the lesion was excised and healing was uneventful. Over a 6 month period the remaining part of the lesion showed no increase in size.

A daughter of this bitch, brindle in colour, born about 2 months before the lesion on the toe of the dam was excised, developed a swelling on the lateral side of toe five on the left hind leg when about 9 months old. Examination at 10 months showed a firm swelling about 3×1 cm and with a similar radiographical appearance to the dam (Fig. 2). Surgery was also performed in this case. The sire was examined by a Veterinary Surgeon and reported to be normal, and the only other dog in the litter (male, brindle) was also normal.

Histological examination in both cases showed a similar appearance to each other and this did not differ from that reported in the literature (Cotchin, 1960, Christie and Jabara, 1964, Douglas and Kelly, 1966). Amorphous and granular zones with a cellular border were embedded in dense fibrous tissue.

DISCUSSION

Of 32 dogs described by Cotchin (1960) 30 occurred in the large breeds, 19 being in Alsations. Twenty-three dogs were two years old or less, 15 being under one year. The main sites affected were hock, foot and elbow with one case occurring in the tongue. In 8 cases described by Thompson *et al.* (1959) 4 were in Alsations.

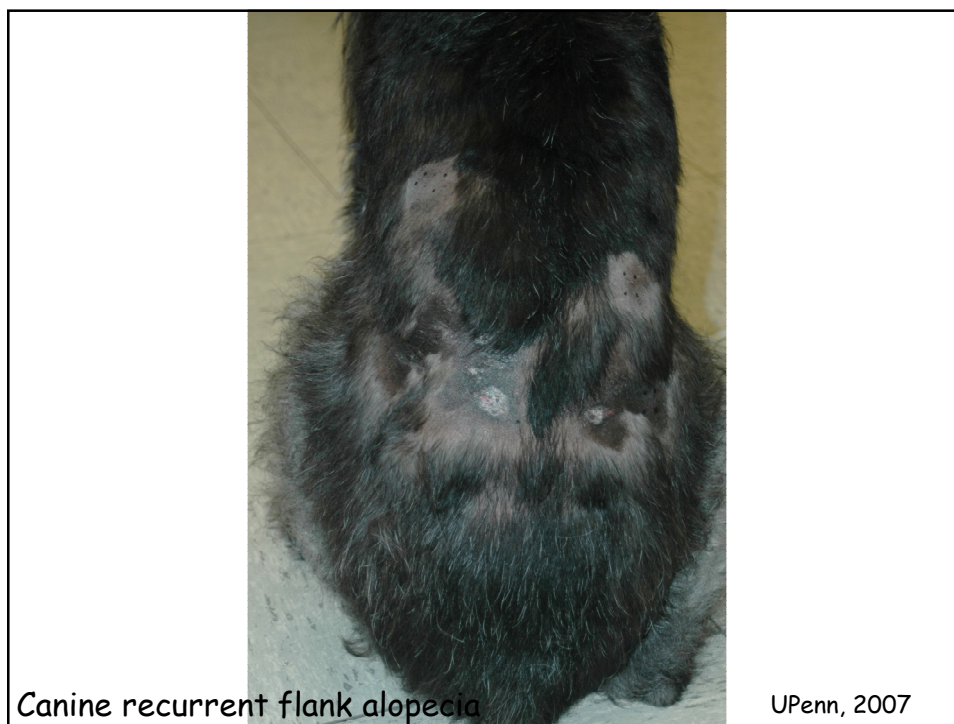
THE BALD IW



QUESTION #9

- What would you say is the cause of seasonal alopecia in some bitches?
- I had a bitch a few years ago she had skin tests all of which were inconclusive and eventually it went away. I do remember rubbing some oil into the bald patches, that probably made me feel better rather than the dog





CRFA

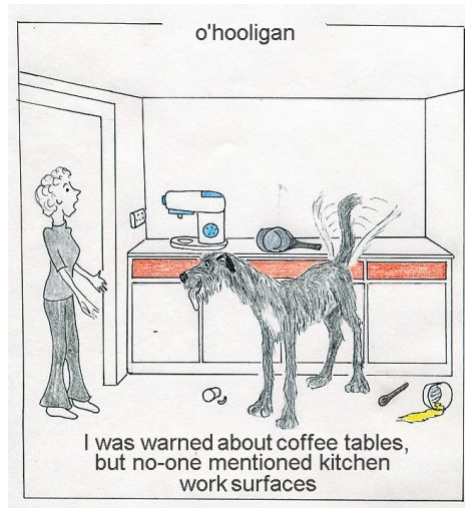
- **Predisposed breeds**
 - ◆ Boxer, English bulldog, schnauzer, terrier
- **Clinical presentation**
 - ◆ Cyclical pattern of hair loss (Autumn-Winter) & hair re-growth (Spring-Summer)
 - ◆ Bilateral, symmetrical (flanks) alopecia
 - ◆ Sometimes dorsum
 - ◆ Cutaneous hyperpigmentation



ALOPECIA AREATA

- Auto antibodies attacking the hair follicles
- Cutaneous hyperpigmentation
- Head, neck and trunk
- Trichogram shows: telogen, dystrophic hairs
- Histology shows: lymphocyte infiltration around the hair bulb
- Spontaneous resolution ?
- Ciclosporin 5 mg/kg SID for 1 m, then EOD

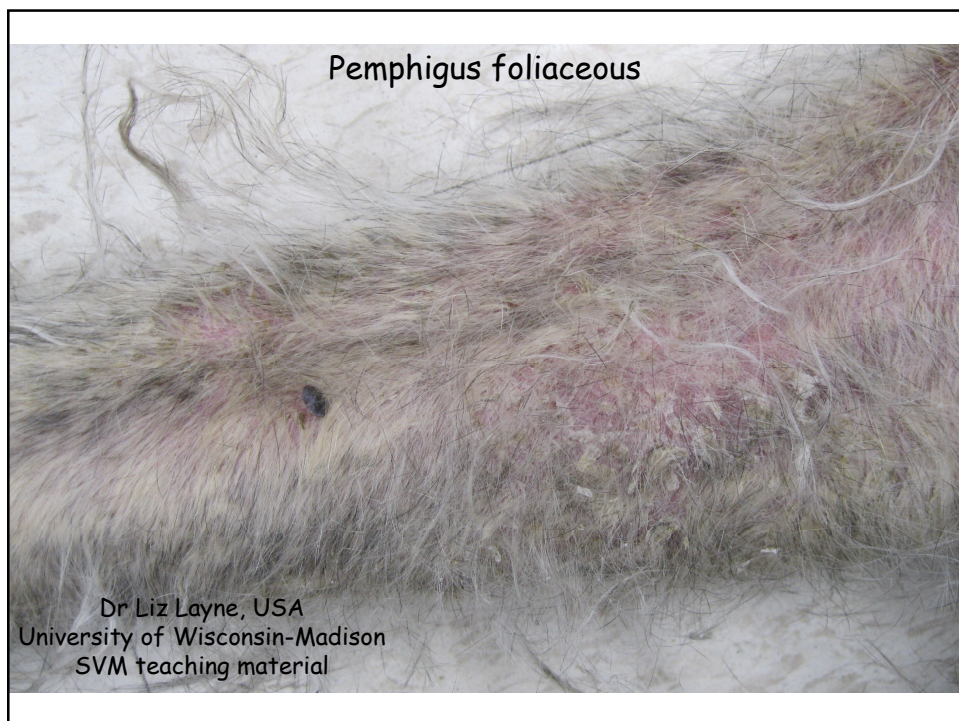
THE CRUSTY IW



Pemphigus foliaceus

Dr Liz Layne, USA
University of Wisconsin-Madison
SVM teaching material





PEMPHIGUS FOLIACEOUS

- **Pathogenesis**
 - ◆ Spontaneous (autoantibodies to Dsg)
 - ◆ Drug/food induced
 - ◆ UV light exposure may induce flares
- **Predisposed breeds**
 - ◆ Akita, Labrador, Chow
- **Diagnosis**
 - ◆ Clinical presentation, cytology, skin biopsy
- **Prognosis**
 - ◆ Poor to good

