



Dermcare-Vet

Derm News

What's news at Dermcare...

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HOT SPOTS



AKA ACUTE MOIST DERMATITIS OR
PYOTRAUMATIC DERMATITIS,

A DISEASE FOR THE
SUMMER SEASON.

Introduction:

Clinicians have long recognised that an acute exudative and pruritic dermatitis develops in the hot humid weather that comes with the Australian summer. With the return of spring and summer rains and now that El Nino has returned to the Americas, cases of hot spots are being seen in large recurring numbers this season.

Many respond to simple basic treatment but some do not; Why is this so?

Clinical Signs:

Acute in onset, lesions are rapidly enlarging, exudative, purulent and ulcerative plaques that develop a thick matted crust of dried serum, pus, hair and necrotic epidermis. The lesions are intensively pruritic even before becoming obvious. Although 70% of lesions occur in young adults of susceptible breeds, 20% may occur in older dogs of any breed. Lesions occur frequently on the face, head and jowls, but may occur on the trunk. The limbs are spared. Generally rump hot spots are associated with flea allergy, and face/head lesions with atopy and food allergy.

Predisposed breeds are Golden Retrievers, Saint Bernards, Rottweilers, Labradors and Newfoundlands. These predisposed breeds often have a more significant pyoderma component, which will be discussed with the pathogenesis below. Susceptible individuals, especially of the predisposed breeds may have

repeat episodes during the summer and each subsequent summer.

Differential diagnosis:

The lesions of pyotraumatic dermatitis are generally very characteristic, occur commonly, and are thus easily recognised in general practice. Despite this, a purulent demodecosis is easily mistaken for hot spots, often with disastrous results due to incorrect treatment. Rarely, the lesions of mast cell tumours and cutaneous lymphoma may mimic hot spot lesions. Consequently cutaneous cytology and skin scrapes are very useful in-practice techniques to help arrive at the correct diagnosis.

Pathogenesis:

Studies of this disease have revealed two variants, with quite different treatment requirements. In the simple form a superficial ulcerated inflammatory process is present with minor surface Staphylococcal infection. This type responds to simple cleansing with a proven anti-Staphylococcal preparation (often with clipping to dry out) and corticosteroid treatment.

A more entrenched and often generalised pyoderma accompanies the other form. Not only is there superficial ulceration but in addition a deep suppurative and necrotising epidermitis and folliculitis and occasional furunculosis. Clinically this type is thickened, plaque like, and if clipped back away from the plaque, a satellite of pustules will be seen. Histological examination reveals infections can go deep, even to the deep dermis and panniculus.

Continued on page 3 

In this issue:

1 Hot Spots

2 Dermato-philosis

Other:

3 New Look Permoxin

4 Large Pack Sizes of Aloveen.

5 Diagnosing Malassezia



EQUINE DERMATOPHILOSIS

A disease for the summer season!

Dermatophilosis infection (*Dermatophilus congolensis*) occurs in the hot rainy summer season. Affected horses have lesions restricted to the dorsal region that become soaked during rain. The characteristic lesion is a small punctate ulcer when a scab is pulled off. Matted hair in the scab is likened to a fine paint brush bundle. Severely affected animals have painful skin and may lose weight.

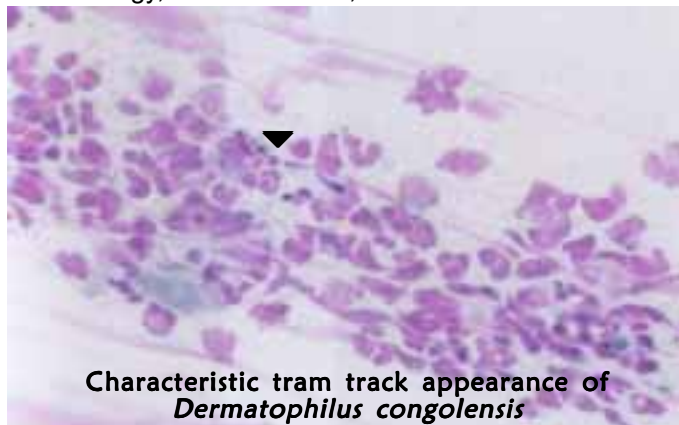
The diagnosis is confirmed by culture or cytological demonstration of the characteristic (tram track) beaded organism in a scab soaked in saline smeared onto a glass slide and then stained. Treatment with injectable penicillin will induce quick resolution. Many authors suggest



Paintbrush appearance of matted hair

chlorhexidine scrubs and shampoos for local treatment and spot treatment as well as prevention¹. In this instance Pyohex with 3% chlorhexidine may well be of value. Housing to prevent chronic skin wetting is useful if facilities are available.

Reference: 1. Pascoe R.& Knottenbelt D., Manual of Equine Dermatology, W.B. Saunders, 1999 P.105



Characteristic tram track appearance of *Dermatophilus congolensis*

New Staff

We have a new Pharmaceutical Chemist on board. Kivalur Swaminathan or 'Swami' as he prefers to be called, joined the Dermcare team last month. Swami has a PhD in Chemistry and has had seven years experience with Fauldings in South Australia. Swami, his wife and two children made the move to Queensland in February. The family took the opportunity to see outback Australia by driving. The journey took four days and the family only had one close call - dodging a road train. Dermcare welcomes our new member of the team.



It is postulated this is a bacterial (Staph) complication of the superficial only form, however genetic and bacterial factors (Staph carriage and shedding) leading to a primary pyoderma, are also postulated. Either way, full dose anti staph antibiotics are mandatory for this latter form.

It is commonly recognised that hot humid weather is a predisposing cause to developing lesions. Such weather patterns are responsible for increasing skin surface Staph populations by high humidity as well as inducing the production of environmental allergens (pollens and insects) etc. Thus hot weather is not a cause, but converts an existing allergic dermatitis with high Staph carriage into a pyotraumatic dermatitis.

The predisposed breeds are also predisposed to Atopy and Flea allergy. Generally, allergy testing of recurrent cases is often rewarding and can lead to more specific treatment to reduce or eliminate recurrence of lesions.

Treatment:

The first order of treatment of hot spot lesions is to clip and clean the lesion. The clipping reveals the extent of the lesion and allows it to dry out as well as facilitating the cleaning before applying topical medication. Clean the lesion by soaking in Chlorhexidine shampoo (Pyohex™) and remove the crusted matted scab. Thus topical steroid-antibiotic medication can be applied to the skin surface. Medication applied to the surface of a haired matted scab will not work. The infection will continue unabated under the dried exudated scab.

Topical medication is very important and in simple cases will be all that is needed with clipping and cleaning. Pyotraumatic dermatitis is one of the few situations where combining corticosteroid and antibiotics is logical. The topical ointments should be non-occlusive. There are many cheap effective suitable preparations containing neomycin and prednisolone. Their disadvantage is that application requires the client rubbing or applying the ointment. Some clients are squeamish about this. The container's large flat top can act as an applicator direct on the lesion. A newer spray containing Gentamycin and Betamethasone has the advantage of a no-touch spray which clients like. However the use of Gentamycin, an antibiotic of last choice on a simple skin lesion, is questionable scientifically due to concerns about inappropriate antibiotic use. The most appropriate antibiotic should be a narrow spectrum type, used only topically, thus the Fucidic acid and steroid combination is a sound combination. However the tube is not a convenient applicator and the volume is limiting.

A whole body shampoo with a suitable antiseptic can be advantageous, as it is used locally to descab the lesion. Most animals predisposed to hot spots have abnormally high Staph numbers on the skin. This predisposes to infection. Hot spot cases can have many small unseen (hidden in the coat) developing infections about to break out. Whole body Pyohex™ with 3% Chlorhexidine will kill the Staph, remove abnormal sebum and debris, upon which the bacteria are thriving and leave residual Chlorhexidine on the coat. All of which helps settle the current lesions and prevent new ones.

Increasing moisture during bathing is not a concern as it is a transient effect. Do not use surgical Chlorhexidine scrubs as they contain strong detergents as degreasing agents and alcohol that are inappropriate for furred areas. These scrubs are designed for degreasing and sterilising human hands. These scrubs are more damaging to the coat. Just try and comb any animal coat after bathing in surgical scrub and the detergent's stripping effect is very obvious. Besides, 3% Chlorhexidine is more effective on the coat than is 4% which is more appropriate on non-haired hands.

Systemic anti Staph antibiotics are usually indicated. They are definitely required in the deep infection type of lesion. In simple cases a week of an Amoxyl-Clavulox and/or Trimethoprim-Sulphonamide combination might work. However in cases where both superficial and deep pyoderma are evident, penetrating narrow spectrum anti Staph drugs like Cephalexin, Lincomycin, Erythromycin or Clindamycin are preferable. At least 14 days is required and often up to 3-4 weeks for the deep folliculitis and furunculosis cases is necessary i.e the thickened plaque type lesions of Rottweilers and Retrievers.

Systemic corticosteroids are usually required in all but the most limited and superficial cases. Prednisolone tablets 0.5 - 1.0mg/kg twice per day for 5 days, then once per day for 5 days, then each second a.m. for 1-2 weeks is an average course. Long acting injectable corticosteroids are not indicated, being unable to simulate the above protocol. Occasionally a short to medium acting injectable high potency corticosteroid may be used in place of the initial higher daily dosing.

Any cases not responding or rebounding as medication is reduced should be reassessed for deep pyoderma, poor control of allergic causes (i.e. flea control), demodecosis or rarely dermatophytosis and mast cell cancer or cutaneous lymphoma.

Cases continuing into the winter months should be checked for food allergy as well as winter Atopy allergen i.e. house dust mites etc. Ultimately any case not responding can be referred if specialist dermatological services are available.

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3. Schroeder H., Swan E.G., Berry W.L., & Pearson J. Efficacy of a topical antimicrobial-anti-inflammatory combination in the treatment of pyotraumatic dermatitis in dogs. *Veterinary Dermatology* 1996; 7: 163-170.
4. Scott, Miller & Griffin 2000. *Small Animal Dermatology* 6th ed. W.B. Saunders PP300-303.

PRACTICE TIP

Keep a polaroid camera in your consult room. This way you can develop a sequential visual reference for the most difficult skin cases. The pictures may also come in handy for your co-workers.

LARGER SIZES AVAILABLE NOW

ALOVEEN SHAMPOO

250mL, 500mL & 1 Litre



ALOVEEN CONDITIONER

100mL, 200mL

& 500mL Pump

Thank You to everyone who ordered bonuses through the Dermcare Club this year. We look forward to your continued support next spring/summer!

PERMOXIN

NEW LOOK

5 Steps to Malassezia Diagnosis

1. Use quality Scotch™ transparent tape (600).
2. Take sample from suspect area.
3. Drop the blue (Diff Quik II) stain under the tape on a slide
4. Squeeze out excess stain and blot.
5. Check out the Malassezia on your binocular microscope @100X oil Immersion.

