



Small Animal Internal Medicine

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Chief Complaint

Emma is a 7 year old Doberman with a chief complaint of dermatitis on the nose, eyes and footpads.

Dermatitis around the eyes and nose



Foot pads



Pustule



History

- All vaccinations are up to date
- Skin lesions started about a month ago
- Limping because of the foot pad lesions

Physical Examination

- Scales, crusts, pustules, erosions
- Foot pad hyperkeratosis with fissuring

Problem List

- Dermatitis around the eyes, on the bridge of the nose and on the foot pads.

Rule Outs

- List all the Possible Diagnoses
- *This list is your Rule Out list*

Rule Outs/Differential Diagnosis

- Bacterial folliculitis
- Pemphigus foliaceus
- Pemphigus vulgaris
- Pemphigus erythematosus
 - Systemic lupus erythematosus
 - Discoid lupus erythematosus
- Dermatophytosis
- Demodex
- Zinc responsive dermatosis
- Dermatomyositis
- Uveodermatologic syndrome
- Superficial Necrolytic Dermatitis

Bacterial folliculitis



Pemphigus foliaceus



Pemphigus vulgaris





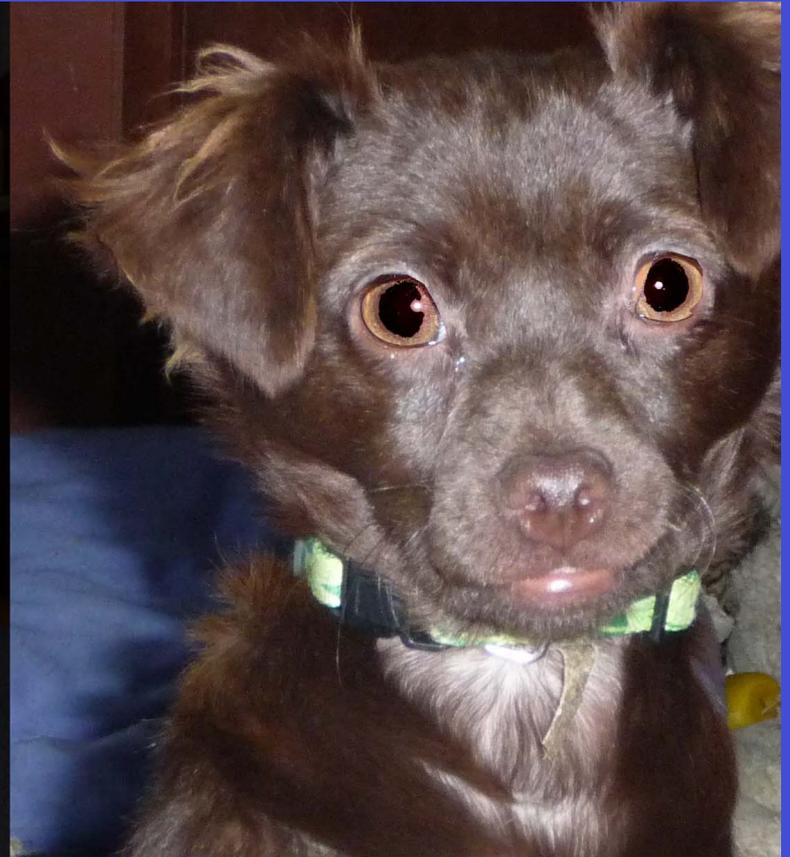
Pemphigus vulgaris



Dermatophytosis



Demodex



Lupus erythematosus (SLE)



Discoid Lupus Erythematosus



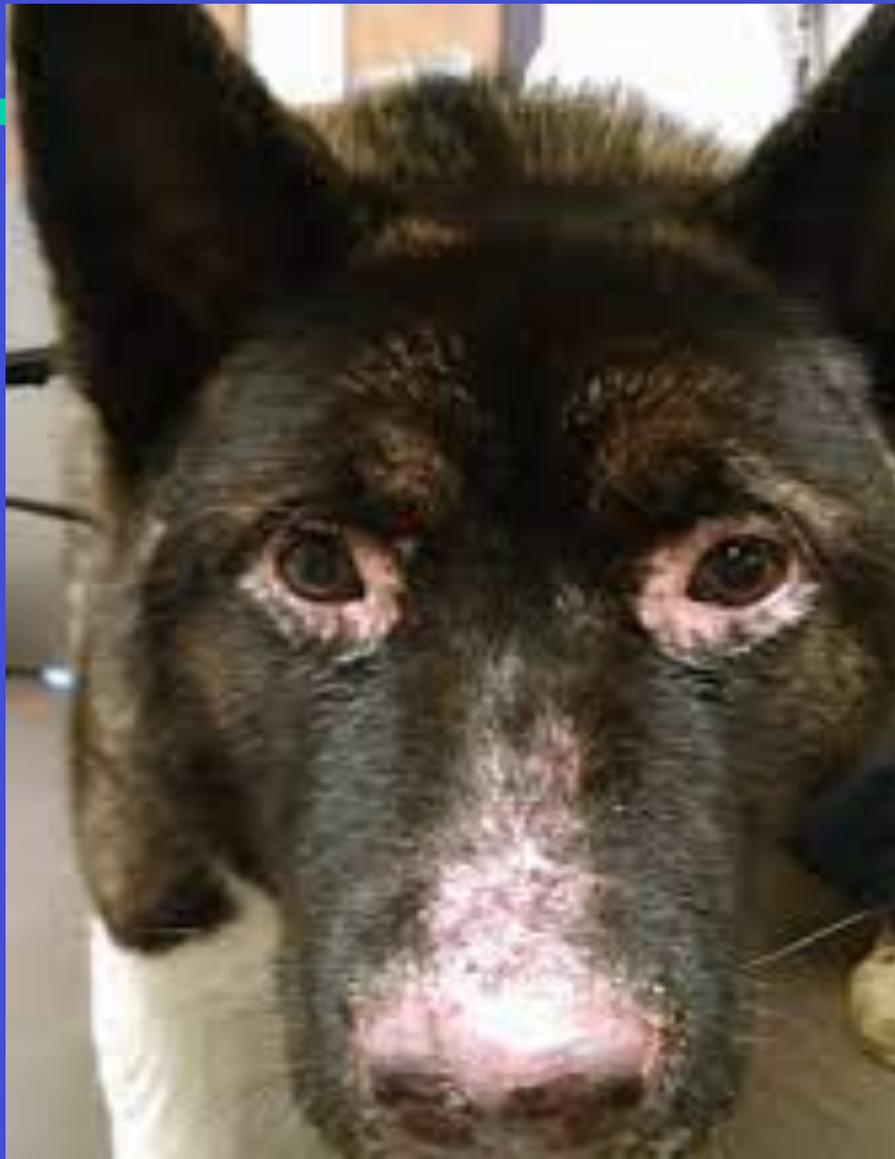
Zinc Responsive Dermatitis



Dermatomyositis



Uveodermatologic Syndrome



Superficial Necrolytic Dermatitis



Plan

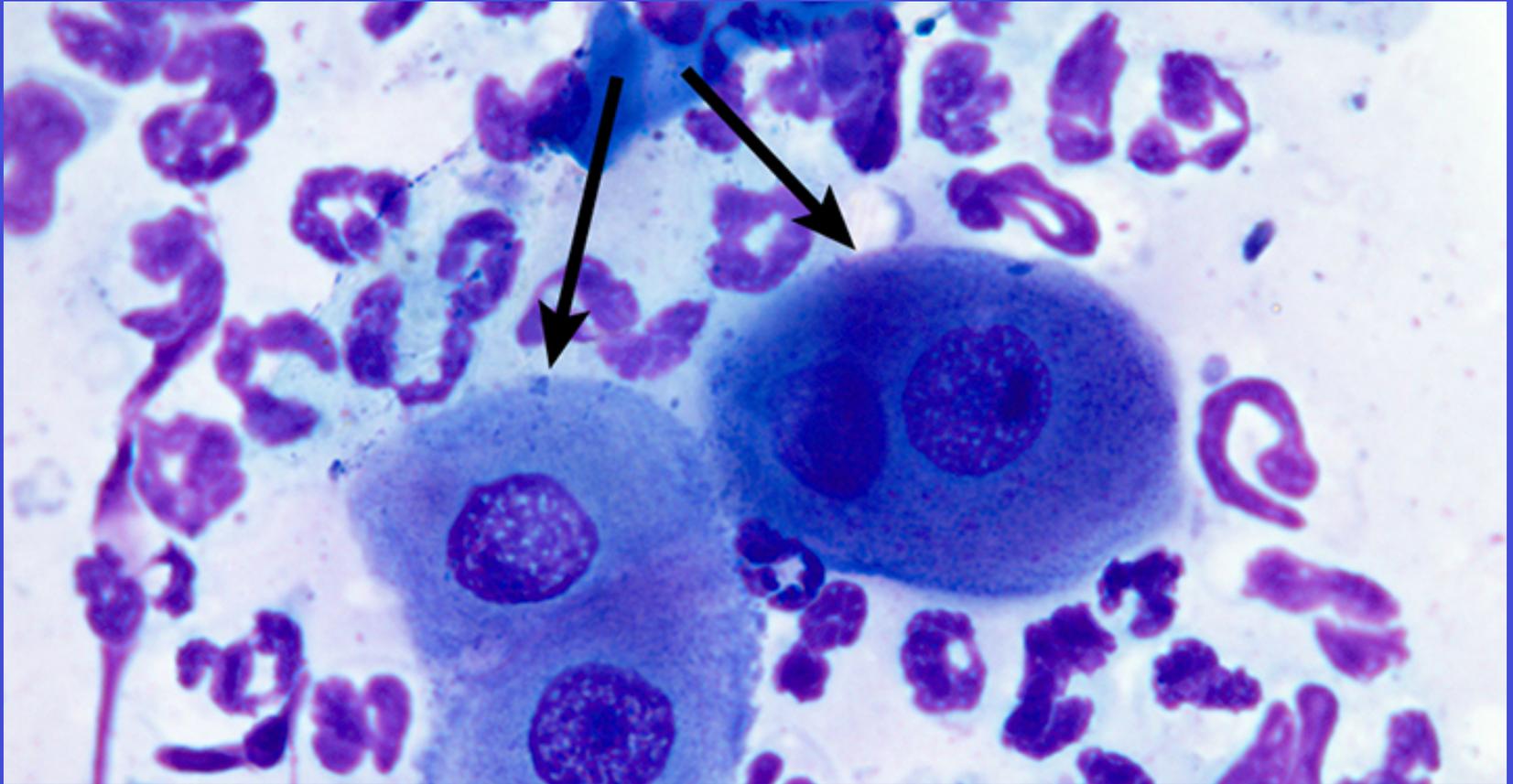
What is your plan to diagnose this skin disease?

Plan

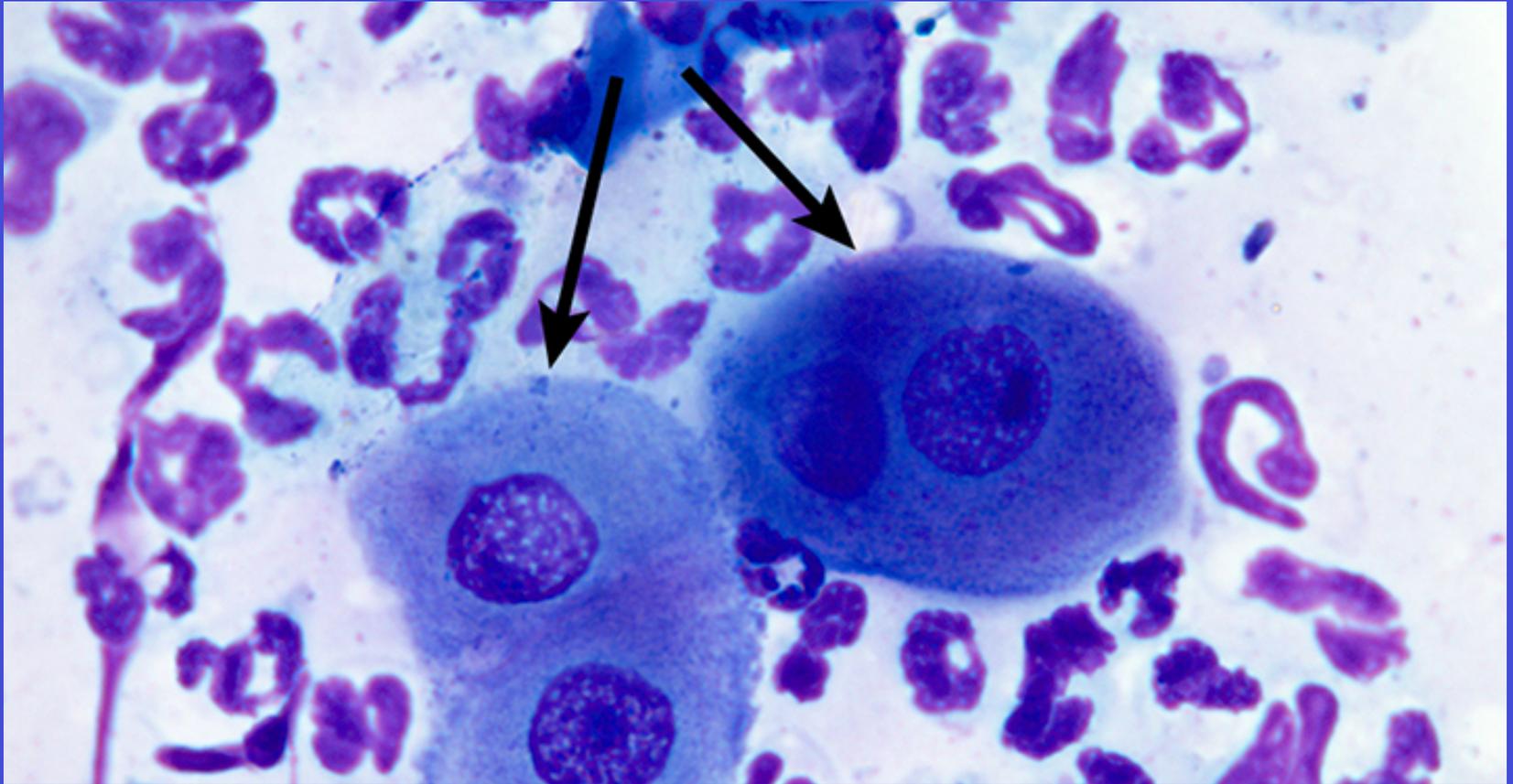
- FNA cytology of aspirates or impression smears
- Bacterial culture/Fungal culture
- Dermatophyte Test Media. (DTM)
- Biopsies of the lesion and perilesional skin
- Direct Immunofluorescent antibody assays

FNA of Pustule

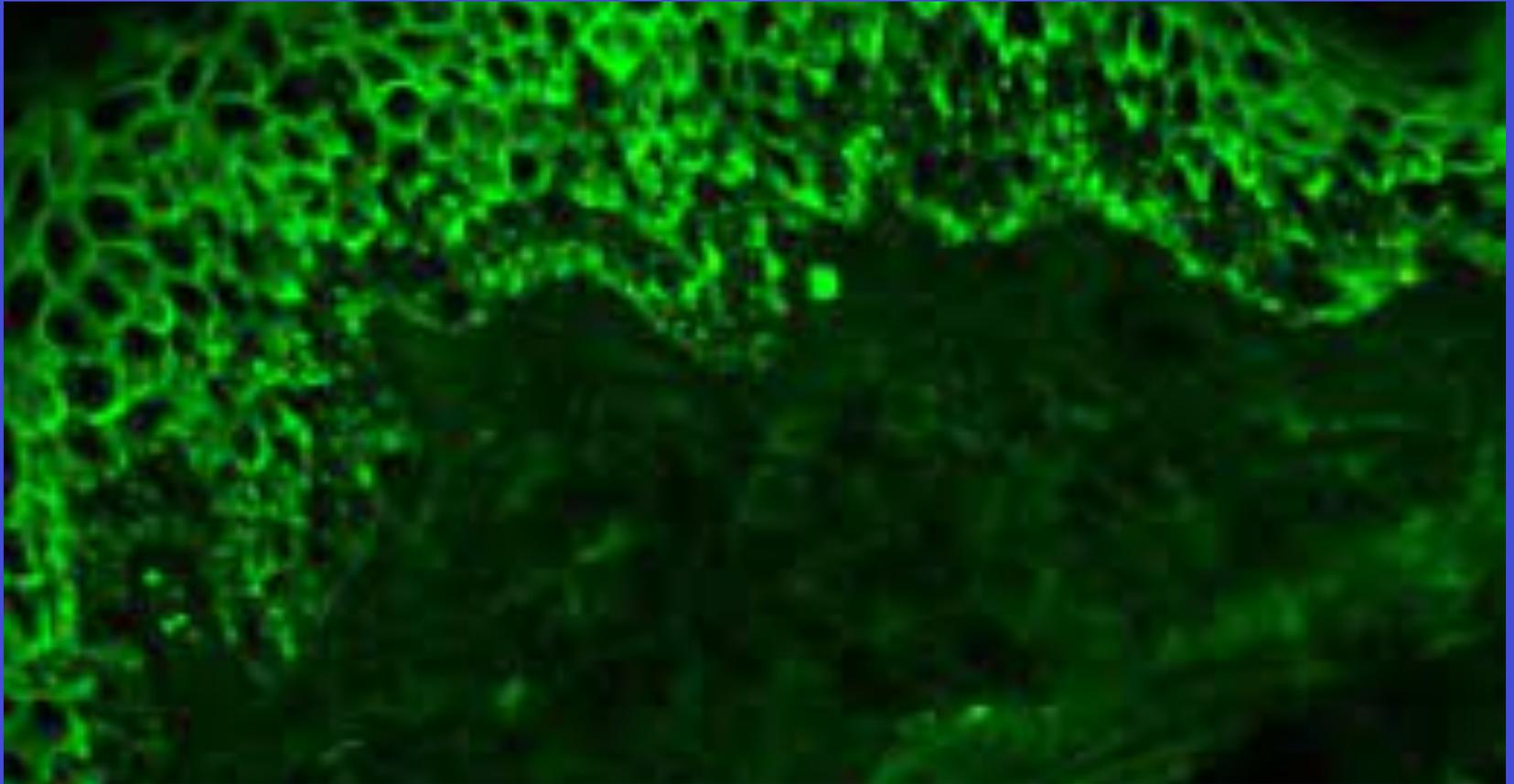
What do you see?



Acantholytic keratinocytes



Direct Immunofluorescence



What is your Diagnosis?

What is your diagnosis ?

What is the etiology?

Final Diagnosis

- Immune Mediated Dermatitis:
- Pemphigus foliaceus

Treatment Plan

- Low fat diet to avoid pancreatitis predisposed by steroids
- Avoid the sun because UV light may exacerbate lesions
- ***Prednisone
- **May need to add:**
- Azathioprine -
- Chlorambucil
- Cylophosphamide
- Cyclosporin
- Topical Steroids may be sufficient in mild cases

To Consider

- Antibiotic for secondary infections
- Monitor for medication side effects:
- **Corticosteroids**—polyuria, polydipsia, polyphagia, temperament changes, diabetes mellitus, pancreatitis, and hepatotoxicity
- **Azathioprine**—pancreatitis
- **Cytotoxic drugs**—leukopenia, thrombocytopenia, nephrotoxicity, and hepatotoxicity
- **Cyclophosphamide**—hemorrhagic cystitis
- **Immunosuppression**—can predispose animal to Demodex, cutaneous and systemic bacterial and fungal infection

Prognosis

- Patients may require treatment for life
- **Except for Discoid Erythematosus:** Treat with Prednisone or topical steroids taper down and may in some patients be stopped.