CHAPTER 2

CHRONIC SKIN DISEASE: HOW TO MANAGE PATIENT AND OWNER – PART I AND II
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Introduction
Many dermatologic diseases have a chronic character. To manage these kind of skin diseases, it is very important to get the owners compliance to the therapeutic intervention. A therapeutic protocol should therefore always be made adjusted to the requirements of the individual animal and owners abilities. Teamwork between owner and veterinarian is the key to successful management on the long term. These lectures will focus on the management of selected chronic skin diseases illustrated by case presentations.

How to manage allergic skin diseases?
Allergies as atopic dermatitis (AD), adverse food reactions (AFR) and flea bite hypersensitivity (FBH) are very common in dogs and cats. Since the optimal treatment of all allergies is avoidance of the offending allergen, the most important thing for successful management is to make a correct diagnosis to start with. However, avoidance of allergens is often not entirely possible. Therefore, allergy management should include all of the following aspects: alleviation of pruritus and decreasing inflammation, treatment of secondary infections, avoidance of or decreasing the exposure to the offending allergens and prevention of severe relapses.

Decreasing pruritus and inflammation
Corticosteroids are very useful to break the acute itch-scratch cycle in all allergic dermatoses. In case of canine AD, the best choice of treatment is the allergen-specific immunotherapy (ASIT). When successful, ASIT should be continued lifelong on intervals adjusted to the needs of the patient. When ASIT is ineffective or not suitable for the owner-animal combination, the alternative is symptomatic treatment with cyclosporine or corticosteroids (see below). Furthermore, the efficacy of antihistamines is variable and is better in cats compared to dogs.

Treatment of secondary infections
Secondary infections with *S. pseudintermedius* and/or *M. pachydermatis* are very common in veterinary dermatology, especially in AD and AFR. Initial treatment of the pyoderma should be continued for about 3 weeks (cefalexin 15-20 mg/kg p.o., BID). Thereafter, relapses are well prevented or controlled by the regular use of shampoos containing chlorhexidine, benzoylperoxide, ethyl lactate, or sulfur. Depending on the severity of the Malassezia dermatitis, treatment with ketocnazole (5 mg/kg p.o., q 12h) or in rare feline cases itraconazole (5 mg/kg p.o. q 24h) for 3 weeks is administered. Alternatively, shampoos containing miconazole, enilconazole, or sulfur are very effective.

Prevention of relapses
Maintenance therapy is the answer to prevent the occurrence of severe relapses of pruritus and/or inflammation with or without secondary infections. ‘Never let go’ is the advise to the owner, even in periods of time where clinical signs seem to be minimal for a while. However, in these periods, the frequency of administering drugs as corticosteroids, cyclosporine A or shampoo may be tapered off (but not stopped) on effect. When first clinical signs reappear, immediately adjust the frequency of treatment again.

How to manage cutaneous autoimmune diseases?
Immunosuppressive or immunomodulating therapy is required for autoimmune skin diseases. A specific diagnosis must be determined, since there are variable responses to treatment with all of these diseases and even within the individual disease entities. For example, Pemphigus vulgaris tends to be a more aggressive disease and is more difficult to treat and manage compared to Pemphigus foliaceus. Similarly, Discoid Lupus Erythematosus has a much better prognosis than the systemic disease. In all disease entities, maintenance therapy should be adjusted to the efficacy and side effects in the individual animal.

The use of glucocorticoids
Prednisone or prednisolone are commonly used in oral dosages ranging from 0.5-1.0 mg/kg q 24h for allergy management. For auto-immune dermatoses, initial immunosuppressive dosages range from 2.0-4.0 mg/kg q 24h. However, the author commonly uses dosages...
chronic dermatoses. Causes of keratinization defects include an altered proliferation, differentiation and desquamation of the epidermis. Frequently, these disorders are accompanied by seborrhea, xerosis and secondary infections. Successful management is based on the correct diagnosis, the use of maintenance antikerato-seborrhoeic shampoos and controlling secondary infections. Occasional, more extensive therapy is required with synthetic retinoids (acitretin, 1 mg/kg q 24h). Clinical response may take 1-2 months and side effects include keratoconjunctivitis, vomiting, diarrhea and elevated liver enzymes.

RESPONSIBLE ANTIBIOTIC USE
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In veterinary medicine responsible use of antibiotics is a must. The correct diagnosis of a pyoderma will be explained using many clinical pictures. Choosing the right antibiotic; performing a culture or not; the length of therapy are topics which will be discussed.

ATOPY AND PRURITUS, ANYTHING NEW?
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Canine atopic dermatitis is a very common disease in small animal practice. New insights and well known facts regarding pathogenesis and therapy will be discussed. Foodallergy and atopy may be more related than we think. The quality of the skin barrier may be of more importance than we thought.

How to manage keratinization disorders?
Keratinization defects such as primary seborrhea of the Cocker Spaniel, Golden Retriever ichthyosis and Schnauzer comedo syndrome are congenital. However, secondary hyperkeratosis is also common in