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Granulomatous sebaceous adenitis is an idiopathic primary inflammatory disorder of the sebaceous glands. Although many breeds may be affected, there is a high incidence in standard poodles, vizslas, akitas and samoyeds. The severity of clinical signs varies according to the breed and haircoat type. Differential diagnosis included folliculitis, demodicidoses, dermatophytosis, defects in keratinization (seborrhoea and Ichthyosis), follicular dysplasia, endocrinopathies seborrhoea, dermatosis responsive to vitamma A, demodicidose and follicular dysplasia. The present resume describes the clinical and histopathological findings of a 6 years old Akita male dog presented at the Veterinary Teaching Hospital of Anhembi Morumbi University with moderate itching, peeling and oil aspect of the skin for 1 year long. The skin was character-
Histiocytic diseases include cutaneous reactive histiocytosis (CRH), systemic reactive histiocytosis, cutaneous histiocytoma, histiocytic sarcoma, and mycosis fungoides. In the papillary dermis there are slight interstitial edema and dilation of blood vessels with mild interstitial infiltrate lymphomononuclear. The infundibulum and istmus follicular are extended by keratin. Of reticular dermis were not observed in sebaceous glands seriate cuts made, and the apocrine gland secretion of dilated and sometimes surrounded by lymphomononuclear infiltrate. There is also thickening of the collagen fibers around the hair follicles. The previously performed skin biopsy revealed sebaceous adenitis. Treatment was started with topical cyclosporine. Two milliliters of cyclosporine (Sandimun® Neoral oral solution, 100 mg/ml) were diluted in 100 ml of oil. The mixture was topically applied and rinsed twice a week. After 4 month, further improvement was noted and new hair regrowth was apparent.

Dogs have three recognized species of Demodex mites, named Demodex injai, Demodex canis, and a large-bodied Demodex mite. A 12-year-old cocker dog was presented at the veterinary teaching hospital with signs of otodemodicosis due to Demodex mites. Thus, the aim of this work is to report the first case of otodemodicosis due to Demodex injai mites, with no regular evaluation of cerumen was identified a form at least 50% bigger of mite, with no regular reason in essentially all cases. The causes are defined as processes triggered by alopecic, erythematous, symmetrical, desquamative and progressive dermatosis. The macroscopic evaluation showed areas of alopecia with scaling, rarefaction, “plugs” of hair keratin adhered to, and pustules in the abdominal region. Histologically, skin showing the skin sparingly and irregularly thickened by acanthosis with granular and horny layers thick noting also in the stratum corneum outbreaks of parakeratosis. In the papillary dermis there are slight interstitial edema and dilation of blood vessels with mild interstitial infiltrate lymphomononuclear. The infundibulum and istmus follicular are extended by keratin. Of reticular dermis were not observed in sebaceous glands seriate cuts made, and the apocrine gland secretion of dilated and sometimes surrounded by lymphomononuclear infiltrate. There is also thickening of the collagen fibers around the hair follicles. The previously performed skin biopsy revealed sebaceous adenitis. Treatment was started with topical cyclosporine. Two milliliters of cyclosporine (Sandimun® Neoral oral solution, 100 mg/ml) were diluted in 100 ml of oil. The mixture was topically applied and rinsed twice a week. After 4 month, further improvement was noted and new hair regrowth was apparent.