

Epidermal dysplasia



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Epidermal Dysplasia



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Epidermal Dysplasia

- Rule out
 - allergies
 - parasites
 - *Malassezia*
- Biopsy
 - parakeratotic hyperkeratosis
 - Basal cell “crowding”/”buds”



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Inflammation → Epidermal Hyperplasia

- Ectoparasites
- Allergies
- Infections
- Environmental



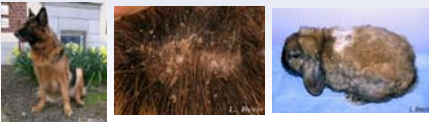
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Parasites as causes of scaling

- Cheyletiella = “walking dandruff”



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Cheyletiella – Clinical Signs

- Dorsal distribution
- Scale
- Variable pruritus (possible hypersensitivity in severely pruritic animals)
- Exfoliative erythema
- Miliary dermatitis or “fur mowing” in cats



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Dermatophytosis: Cause

- *Microsporum canis*
 - zoophilic *CATS*
 - most common cause of dermatophytosis in cats and dogs
- *Microsporum gypseum*
 - geophilic - normally found in the soil
- *Trichophyton mentagrophytes*
 - zoophilic *RODENTS*



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Dermatophytosis: Feline

- Localized infections
 - One or more annular areas of alopecia
 - May mimic chin acne or “stud tail”
 - Onychomycosis
- Dermatophyte kerion
- Dermatophyte pseudomycetoma



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Bathing?

- Insufficient contact time to kill dermatophytes
- May spread infection
- A few studies have shown benefit with use of ketoconazole/miconazole/chlorhexidine baths in combination with systemic treatment



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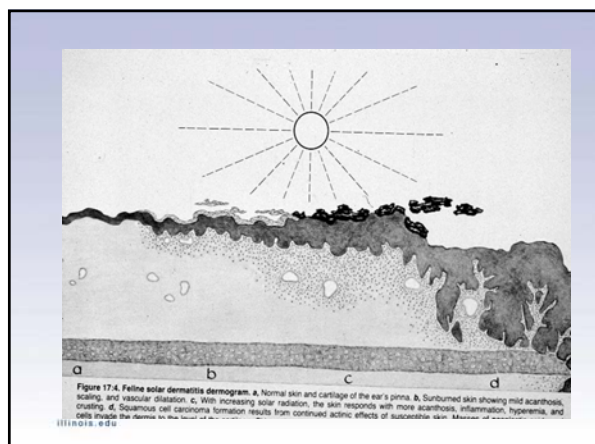
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Dermatophytosis: Treatment

- Systemic therapy (hasten resolution)
 - all animals with multifocal lesions
 - all long haired animals
 - cats!
 - animals not responding to 2 - 4 weeks of topicals
 - Difficult for topicals to penetrate into hair follicles





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Feline Solar Dermatitis


- Lesions
 - Erythema
 - Alopecia
 - Ulcers
 - Crusts
- May progress to squamous cell CA




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Feline Solar Dermatitis

- Treatment
 - Keep out of sun
 - Sunscreens
 - Amputate ear tips



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Zinc Deficiency: Type I



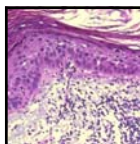
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Zinc Deficiency: Type II



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Zinc Responsive Dermatoses

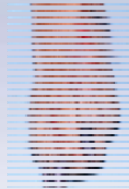


parakeratocytes in the stratum corneum



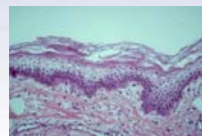
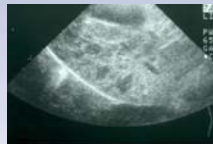
- Diagnosis
 - Signalment
 - Clinical signs
 - Biopsy → parakeratosis
 - Serum Zinc levels
 - Response to Tx
- Treatment
 - Zinc sulfate 10 mg/kg
 - Zinc methionine 1.7 mg/kg
 - Good diet (avoid excess calcium)
 - Essential fatty acids

Metabolic/Nutritional Disorders with scaling



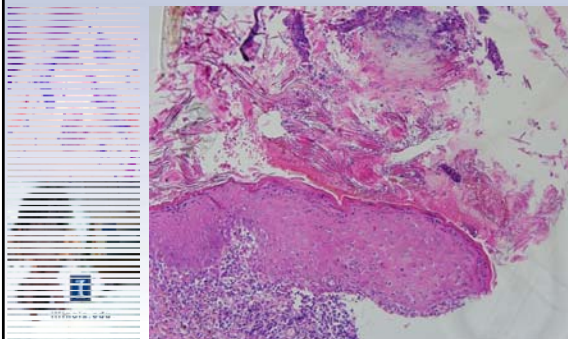
Superficial necrolytic dermatitis

Metabolic/Nutritional Disorders with scaling




Superficial necrolytic dermatitis

Infections/Infammation → epidermal hyperplasia



Neoplastic/paraneoplastic disorders with scaling



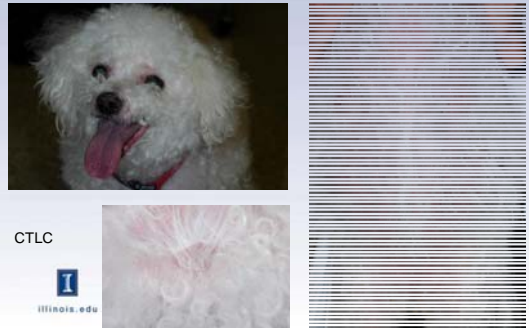
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Neoplastic/paraneoplastic disorders with scaling



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Neoplastic/paraneoplastic disorders with scaling



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Review of major points

- Cutaneous scaling/crusts are non-specific
- Signalment, history, PE findings, skin scrapings, skin cytology, laboratory findings are helping in prioritizing DDX
- CE is essential
- Symptomatic treatment may help improve skin barrier function, HOWEVER
- Key is identifying and controlling underlying factors



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