Texas A&M Veterinary dermatology

TEXAS A&M UNIVERSITY
VETERINARY MEDICINE & BIOMEDICAL SCIENCES

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the ITCH

Oral Allergy Drops

We are now offering sublingual immunotherapy (oral allergy drops) to our patients/clients. For those patients or clients that do not like 'needles' or 'injections', this oral route of administration is another option to consider. Oral allergy drops appear to be of equal efficacy to the standard 'allergy injections', but these drops must be given daily. The now *new* and *old* options of immunotherapy administration allow us to better tailor therapy to the temperament of the patient and lifestyle of the client. Ultimately, compliance and success will hopefully be improved.

Dermatology Team

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For more information, please visit our website at:

vetmed.tamu.edu/services/dermatology

Canine Atopic Dermatitis

With the arrival of spring allergy season, we wanted to take a moment and provide you with a quick refresher on canine atopic dermatitis. As always, we are here to help diagnose and manage your referred itchy patients.

International Task Force on Canine Atopic Dermatitis:

- *Canine atopic dermatitis*–A genetically-predisposed inflammatory and pruritic allergic skin disease with characteristic clinical features associated with IgE antibodies most commonly directed against environmental allergens.
- *Canine atopic-like dermatitis*–An inflammatory and pruritic skin disease with clinical features identical to those seen in canine atopic dermatitis in which an IgE response to environmental or other allergens cannot be documented.
- *Allergen-specific immunotherapy* (ASIT, lay syn. hyposensitization)–The practice of administering gradually increasing quantities of an allergen extract to an allergic subject to ameliorate the symptoms associated with subsequent exposure to the causative allergen (WHO; Bousquet, et al., 1998).

Canine atopic dermatitis (CAD) is a clinical disease often manifested as inflammation and pruritus affecting the face (including ears), feet, folds, flexure surfaces, and friction areas. Signs may initially be very mild with isolated episodes of pruritic dermatitis. Dogs with CAD often have secondary bacterial and yeast infections exacerbating the clinical picture. Pruritus can be seasonal or nonseasonal depending on the allergens triggering it. However, most atopic dogs will eventually develop year-round signs. Diagnosis is based on the clinical history, clinical signs, and exclusion of other pruritic dermatoses (see clinical criteria for diagnosis of canine atopic dermatitis). *Once the clinical diagnosis has been made, intradermal and/or serologic testing can be used to select candidate allergens for immunotherapy in the context of the dog's clinical history. These tests are not used to diagnosis CAD.* Correct diagnosis and identification of secondary infections are paramount to successful long-term management. The goal of immunotherapy is to reduce the extent and severity of allergic signs,

Did you know?

- The VMTH has two full-time Diplomates of the American College of Veterinary Dermatology (Dr. Adam Patterson, above, and Dr. Alison Diesel, below) specializing in the diagnosis and treatment of skin, ears, claws, and allergy in both small and large companion animals
- Two dermatopathologists who are Diplomates of the American College of Veterinary Pathology work side-by-side with the clinical dermatologists to diagnose skin disease
- Downloadable referral and dermatological history forms along with other information is available to you and your clients at *vetmed.tamu.edu/services/dermatology*
- You can send skin biopsies from your practice for interpretation by our dermatopathologists by following the instructions at *vetmed.tamu.edu/vtpb/professional-services/dermatopathology*

not necessarily eliminate them as allergic skin disease is usually managed and not cured. Consequently, multi-drug therapy (eg, antibiotherapy, fatty acids, antihistamines, glucocorticoids, cyclosporine) is often employed to target different aspects of the aberrant cutaneous immune response albeit at hopefully reduced dosages and frequencies when used concurrently with immunotherapy. Continued year-round topical adulticidal flea prevention is important in hopes of avoiding pruritic flares. Bathing is important in removing allergens from the coat, thus reducing the allergen load the dog is exposed to, as well as in restoring the barrier function of the skin through moisturizing agents. Using humans as a comparison, asthmatics will often require polypharmacy (nebulizers, bronchodilators, steroid inhalers, antihistamines, oral steroids, immunotherapy, etc.) to better manage their symptoms. Likewise, atopic dogs with pruritic skin disease will need a regimen of therapy to control signs of itch. For more information please see: Olivry T, DeBoer DJ, Favrot C, et al. Treatment of canine atopic dermatitis: 2010 clinical practice guidelines from the International Task Force on Canine Atopic Dermatitis. *Vet Dermatol* 21(3): 233-248, 2010.

Clinical criteria for diagnosis of canine atopic dermatitis	
1.	Onset of signs under 3 years of age
2.	Dog living mostly indoors
3.	Glucocorticoid-responsive pruritus
4.	Pruritus sine materia at onset (i.e. alesional pruritus)
5.	Affected front feet
6.	Affected ear pinnae
7.	Nonaffected ear margins
8.	Nonaffected dorso-lumbar area
• A combination of five satisfied criteria has a sensitivity of 85% and a specificity of 79% to differentiate dogs with AD from dogs with chronic or recurrent pruritus without AD. Adding a sixth fulfilled parameter increases the specificity to 89% but decreases the sensitivity to 58%.	
• When applied strictly, these parameters could lead to a misdiagnosis in 20% of cases.	
• *Specificity of these parameters is increased after the exclusion of ectoparasitism and skin infections.*	
Favrot C, Steffan J, Seewald W, et. al. A prospective study on the clinical features of chronic canine atopic dermatitis and its diagnosis. *Vet Dermatol* 21: 23-30, 2010.	

Practice Pearls

Before identifying candidate allergens for immunotherapy in atopic animals, there are several drugs that need to be withdrawn (see below) from the patient prior to intradermal testing (IDT). Ideally we recommend testing animals within 30-60 days of their peak 'season', but circumstances may vary with different individuals. Additionally, IDT with subsequent immunotherapy is usually reserved for atopic patients experiencing pruritic signs for at least 5-6 months out of the year. Send your patient over and we will spend the time it takes to educate your client about the diagnosis and management of allergic skin disease.

Drug withdrawal times for intradermal testing for atopic dermatitis[1]	
Drug	Withdrawal Time
Topical steroids (eye, skin, or ears)	14 days (2 weeks)
Oral steroids (e.g.,prednisone)	30 days (4 weeks)
Injectable steroids (e.g., Vetalog or Depo-Medrol)	56-84 days (8-12 weeks)
Topical or oral antihistimines (e.g., Benadryl, Tavist, Chlortrimeton)	10-14 days (2 weeks)
Tranquilizers	2-3 days (0.5 weeks)
Fatty acids (e.g., Derm Caps, 3V Caps)	14-21 days (2-3 weeks) ideally, but sometimes not practical
Cyclosporine (e.g., Atopica, Neoral)	Case-by-case basis
[1]Generally applicable to dogs, cats, and horses.	