

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 *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.

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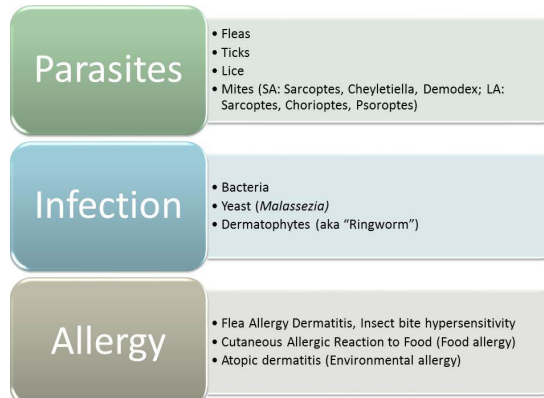
For more
information, please
visit our website at:
[vetmed.tamu.edu/
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Allergy Update: Diagnosis and Treatment

With spring in full swing for many areas of the country things are turning green, insects are re-emerging, and our allergic patients are flaring with itchy skin and ear disease. The previous draught followed by a large amount of early spring rain has set Texas up for one of the worst allergy seasons it has seen in a while; the conditions created the "perfect storm" for everything to start pollenating at once! With that in mind, we would like to provide a brief set of updates and reminders on allergic skin disease in our companion animals. As always, we are here to help diagnose and manage your referred itchy patients.

Prior to recommending "allergy testing" for your itchy dogs and cats, it is important to remember atopic dermatitis/environmental allergy is a clinical diagnosis based on the exclusion of all other pruritic skin diseases. This includes parasitic conditions such as fleas and mites, infections such as staphylococcal pyoderma and yeast dermatitis, and other allergic conditions such as flea allergy dermatitis/insect bite hypersensitivity and food allergy. Remembering that pruritus is the sum of all itch flare factors combined, it is important to first eliminate common pruritic conditions before leaping to a diagnosis of allergy. Parasites and infections should be excluded upfront with an itchy patient as these may occur secondary or concurrent to an underlying allergy. This may complicate the clinical picture. As well, the correct recommendation and use of adjuvant flea prevention should be the starting point for most pruritic patients. By having clients grade the level of pruritus in their pet (10 point scale with 1 defined as "normal" and 10 as severe, constant pruritus and often self-mutilation) throughout each stage of the diagnostic work-up, major players/factors involved in the patient's overall itch can be determined. By controlling common things first such as parasites and infections, a new baseline level of itch may be established. Based on the severity, distribution, and duration of remaining pruritus, the client and veterinarian can start developing a diagnostic/treatment plan more tailored to the individual pet. This approach will help determine which pets may require sole

Diagnostic approach to the pruritic patient





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 Pathologists 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/vtpbl/professional-services/dermatopathology



seasonal symptomatic therapy (e.g. frequent bathing, fatty acids, antihistamines, short courses of topical and/or oral steroids) and which may benefit from a strict exclusive diet trial to rule out food allergy. If these options do not provide sufficient relief from pruritus, if the side effects of symptomatic therapy are not deemed appropriate, or if disease duration is lasting at least half the year, then intradermal or serologic testing with subsequent allergen-specific immunotherapy is likely warranted. It is important to remember and educate clients that “allergy tests” are not screening tools, do not diagnose environmental allergies, and are of no use when it comes to food allergy. These tests must be used in the context of the patient in which a clinical diagnosis of atopic dermatitis/environmental allergy had been made and allergen-specific immunotherapy is being pursued as part of the long-term management protocol.

Although cats with allergic skin disease may present similarly to dogs (pruritic skin disease), there are also distinct differences to remember. Cats may show one or more cutaneous reaction patterns: self-induced alopecia, head/neck/pinnal pruritus, miliary dermatitis, eosinophilic lesions (eosinophilic granuloma, eosinophilic plaque, indolent/rodent ulcer). It is important to remember these reaction patterns are not definitive diagnoses and are not pathognomonic for allergic disease. However, allergy is usually present in some form (flea, food, environmental) when parasites and infections have been excluded and clinical signs remain. Other signs of feline allergic disease may include rhinitis, asthma, and conjunctivitis. Ruling out infectious etiologies in these patients (e.g. herpes virus, Mycoplasma infection) is again important prior to recommending an “allergy work up.” Allergen-specific immunotherapy can be effective in some cases of feline asthma triggered by allergic disease. Our Feline Internal Medicine department in combination with the Dermatology service can help diagnose and manage your referred asthmatic cats.

Practice pearls and key points to remember

- The hallmark sign of allergy in dogs is pruritus. Although itch may be present, the presence of one or more cutaneous reactions patterns is suggestive of allergy in cats.
- Flea allergy dermatitis is the number one allergic skin disease in dogs and cats worldwide. Don't forget to recommend and make sure your allergic patients are receiving appropriate adulticide flea prevention all year-round. Immunotherapy against these biting insects is typically ineffective.
- The season for flea allergy dermatitis/insect bite hypersensitivity and atopic dermatitis is often the same for many patients. Just because the pruritus is seasonal does not necessarily mean an environmental pollen allergen is to blame.
- The distribution pattern of pruritus for sarcoptic mange, food allergy and atopic dermatitis can be

identical! Don't forget to rule out scabies prior to recommending allergy testing.

- Eosinophilic lesions in cats (e.g. eosinophilic plaque, eosinophilic granuloma, indolent/rodent ulcer) may be manifestations of pyoderma. As such, they may be nearly 100% antibiotic-responsive! Try reaching for anti-Staphylococcal antibiotics prior to reaching for repository steroids in these cases.
- Bathing can be a highly effective management strategy as it mechanically removes irritating pollens and other allergens as well as provides other benefits for skin disease based on product selection (e.g. antimicrobial, antipruritic, moisturizing). This is part of our recommendations for most of our allergic patients.
- Allergies can be managed, but not cured. Management often involves a multimodal approach (e.g. antibiotherapy, essential fatty acids, antipruritic pharmacotherapy, allergen-specific immunotherapy) to reduce the severity of clinical signs.
- The goal of allergen-specific immunotherapy is to reduce the extent, severity, and duration of allergic signs, not eliminate them.
- Two options are available for immunotherapy at Texas A&M: conventional allergy injections and sublingual immunotherapy (oral allergy drops). We are happy to discuss both options with your clients to determine which option may work best for them and their allergic pet. No longer should “needle phobia” deter the recommendation for immunotherapy!

Drug withdrawal times for intradermal testing for atopic dermatitis¹

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 antihistamines (e.g., Benadryl, Tavist, Chlortrimeton)	10-14 days (2 weeks)
Tranquilizers	2-3 days (0.5 weeks)
Fatty acids (e.g., Eicosaderm, OmegaDerm)	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.

