

# Feline pruritic dermatitis

## A practical diagnostic and therapeutic approach to the pruritic cat with a focus on feline atopic syndrome

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Feline pruritic skin disease can be a complex and frustrating clinical presentation.

Manifestations of pruritus in cats may include scratching, licking (overgrooming), chewing or biting the skin.

Generally, we can narrow down our differential diagnoses by taking a complete dermatological history and performing a comprehensive clinical exam. Broadly speaking the differentials to consider for the pruritic cat are:

- Ectoparasites
- Dermatophytes
- Feline atopic syndrome
  - Flea allergy dermatitis (FAD)
  - Feline food allergy (FFA)
  - Feline atopic skin syndrome (FASS)
- Psychogenic alopecia

A complete history should be performed at the initial visit and important questions include:

- Age of onset
- Is the cat pruritic?
- Distribution of the pruritus?
- Seasonality?
- Any in contact pets or people affected?
- Response to previous medications?
- Any changes to the environment including new pets, new people and any other life changes/events

A dermatological exam should be performed and during this exam it is important to note the types of lesions present, if any patterns are present (for example miliary dermatitis, face, head and neck pruritus, self-induced alopecia, eosinophilic granuloma complex) and the distribution of the lesions and patterns.

The dermatological database may change slightly depending on the history and clinical exam however, for the pruritic cat, the database generally includes:

- Cytology of the affected areas of skin/ears
- Superficial and deep skin scrapings (and an acaricidal trial)
- Fungal culture for dermatophytes (ideally sent to an external laboratory)

Once we have excluded ectoparasites and infectious causes of pruritic skin disease we may make a preliminary diagnosis of Feline Atopic Syndrome.

### Feline food allergy (FFA)

Feline food allergy is an uncommon condition in cats.

The prevalence of FFA varies significantly based on population and geographic region but is thought to account for between 1% to 25% of cats and dogs with pruritic dermatitis (Mueller *et al.* 2016).

Based on available (limited) evidence, the most common triggers of common food allergens in the cat are beef, fish and chicken (Mueller *et al.* 2016).

A suitable elimination dietary trial followed by a provocative rechallenge is required to definitively diagnose FFA. Either an ultrahydrolysate or novel protein/carbohydrate diet may be used.

## Feline atopic skin syndrome (FASS)

Feline atopic skin syndrome (FASS) is one of the most common causes of pruritic skin disease in the cat.

The cutaneous reaction patterns associated with FASS include miliary dermatitis, self-inflicted alopecia, head and neck pruritus, and eosinophilic granuloma complex. Most cats will present with more than one type of reaction pattern (Santoro *et al.* 2021).

Once we have made a diagnosis of FASS (supportive clinical history and dermatological exam and ectoparasites, dermatophytes and feline food allergy have been excluded) a long-term multifaceted management plan should be implemented.

Consideration should be given to:

- Controlling flare factors: consider appropriate flea/mite/tick prevention, concurrent food allergy, identifying and managing any secondary infection.
- Controlling pruritus and inflammation: consider systemic and/or topical antipruritic medications including:
  - Systemic antipruritic medications: prednisolone, cyclosporine, off-label oclacitinib.
  - Topical antipruritic medications: topical steroids (for example Cortavance®).
- Allergy modulation: intradermal and/or serological allergy testing with a view to allergen specific immunotherapy.

## References

- Mueller RS, Olivry T, Prélaud P.** Critically appraised topic on adverse food reactions of companion animals (2): Common food allergen sources in dogs and cats. *BMC Vet Res* 12:10–13, 2016
- Santoro D, Pucheu-Haston CM, Prost C, Mueller R.** Clinical signs and diagnosis of feline atopic syndrome: detailed guidelines for a correct diagnosis: *Veterinary Dermatology*: 32(1): 26–e6, 2021

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