



Virbac Dermatology

RILEXINE®



THE FIRST GENERATION

1ST

FIRST CHOICE CEPHALOSPORIN FOR SKIN INFECTIONS

- The only palatable Cephalosporin tablet on the market
- Tablet sizes to accommodate ALL weight ranges
- Supplied with all necessary dispensing materials



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AN UNUSUAL PRESENTATION

History

Lily is a 5-year-old, female, Cavalier King Charles weighing 8kg. She presented with a chief complaint of 'itching and rash, with hair loss'. Her dermatological appearance was very severe and distinctive.

The condition started approximately two and a half years before her initial presentation. There was no seasonality. The condition first appeared as alopecia limited to the facial region which then spread to her paws. There is a cat in the household. An Imidacloprid product is used regularly and Lily is an indoor dog. A previous skin scraping was negative for Demodex. She had previously had a good response to Griseofulvin combined with Amoxicillin and Clavulanic acid, but didn't respond to Amoxicillin and Clavulanic acid alone. Pruritus was reportedly mild to moderate.



Initial presentation

Physical Examination

Physical examination found severe peri ocular alopecia, lichenification and occasional extreme hyperkeratotic crusting. The dorsums of all 4 feet were affected with severe crusting. Pad margins had hyperkeratosis. There was severe peri vulva hyperpigmentation and crusting, with marginal erythema.

Differential Diagnosis

The initial list of differential diagnoses was large given the unusual and severe presentation. The distribution and crusting was suggestive of zinc responsive dermatosis or perhaps generic dog food dermatosis. Also considered was Ichthyosis or Vitamin A responsive dermatosis, as the Cavalier breed can suffer from an unusual form of Ichthyosis. The main rule outs were a fungal infection and Demodex.

Diagnostics

A skin scraping was negative for Demodex. Cytology revealed cocci and occasional Malassezia. Biopsies were taken.

Pending the biopsy report, Lily was sent home on Ketoconazole 200mg, 0.25 tablet once daily for 30 days, and Rilexine® (1st generation Cephalosporin, Virbac NZ Ltd) 300mg, 0.5 tablet twice daily for 30 days, both medications were given with food. Usually the veterinarian would use one treatment at a time, but given the severity of the presentation, and the fact that both Malassezia and cocci were seen both treatments were initiated.

The biopsy report found lichenoid dermatitis with psoriasiform hyperplasia and generalized parakeratosis. The Histopathologist suggested that the biopsy was most compatible with Psoriasiform-lichenoid dermatosis. However generic dog food dermatosis or zinc responsive dermatosis could not be ruled out given the parakeratosis.



After 4 weeks Rilexine®

Psoriasiform-lichenoid dermatosis (PLD) is a rare distinctive disease seen most often in Springer Spaniels. It is proposed that it represents a distinctive reaction to superficial staphylococcal infection. Psoriasiform-lichenoid dermatosis is characterized clinically by erythematous to yellow, waxy, crusted papules that coalesce to form multiple well-demarcated lichenoid plaques. (Gross et al, 2005) This was not Lily's presentation at all but Gross et al note that with chronicity, adherent keratinous debris covers the plaques. The lesions of PLD occur predominantly on the medial surface of the pinnae, external ear canal, ventral abdomen, prepuce and perineal region.

Response to Treatment

At the 30 day revisit Lily was 80% improved. As Psoriasiform-lichenoid dermatosis responds very well to antibiotics, particularly Cephalosporins, the Ketoconazole was stopped and Rilexine® was continued at the same dose rate.

At the two month revisit, Lily was 95% improved with her only remaining lesion being an area of thick pruritic crusting on the right front paw. The Rilexine® was continued.

At the three month revisit, Lily was 99.5% improved with the paw lesion resolved. There was a small crust on the nasal dorsum. The Rilexine® was continued for another 12 days and then stopped. At this stage there has been no relapse.



Case report provided by a Veterinarian with a special interest in Dermatology. Rilexine® is available only under Veterinary Authorisation

After 3 months Rilexine®