Alopecia nel cane e nel gatto: approccio clinico

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Alopecia

Perdita di peli, totale o parziale in regioni corporee che dovrebbero essere ricoperte dal mantello

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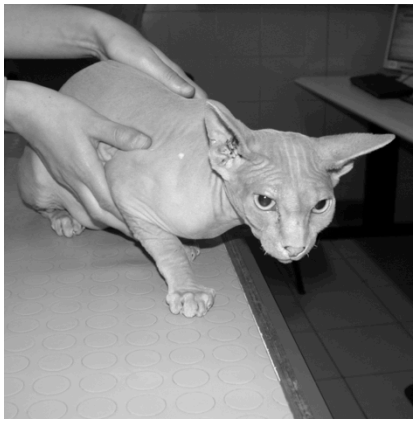
Ipotricosi

Carenza congenita di peli

Alopecia

Kohona
o gatto nudo hawaiano



Sphynx canadese

Cane nudo cinese

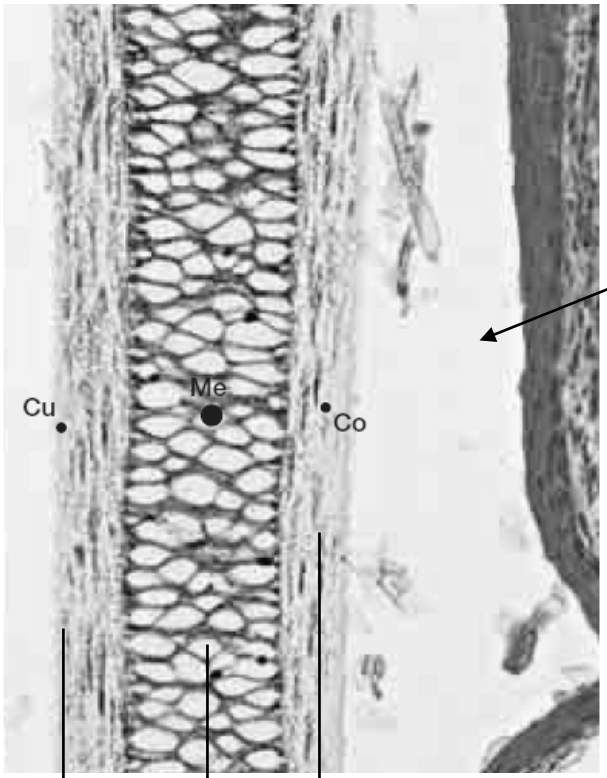
Donskoy o Don Sphynx

Peterbald o Sphynx di San Pietroburgo

Cane nudo peruviano

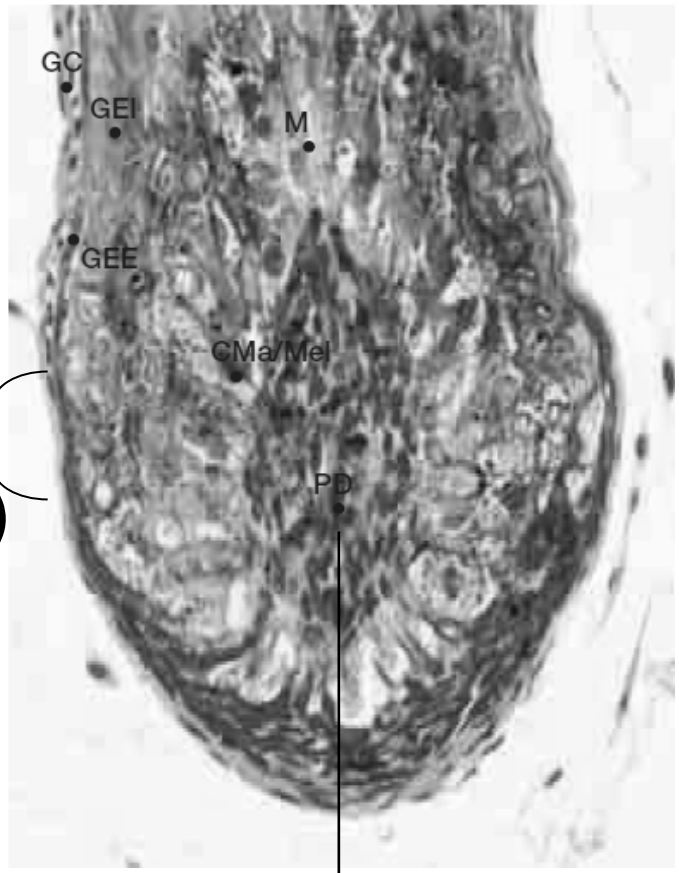
Cane nudo messicano

Cenni di anatomia



Fusto pilifero

Bulbo pilifero (Anagen)



Corticale

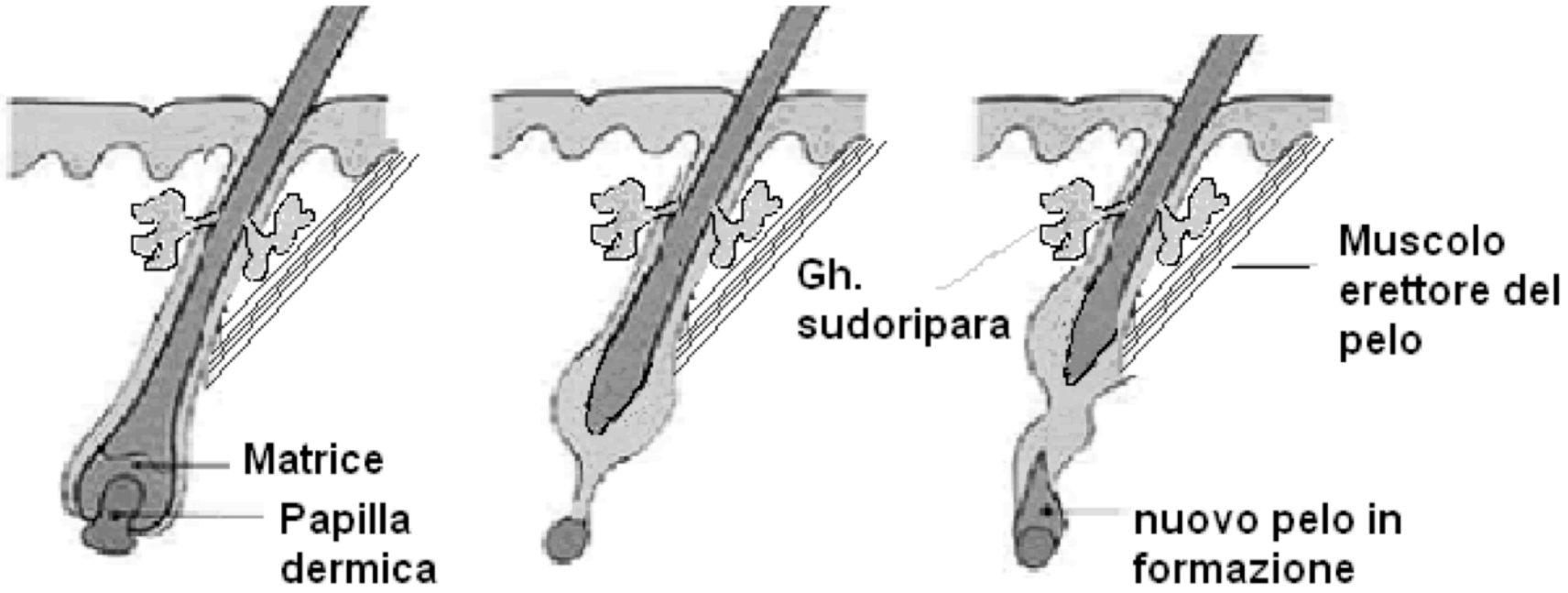
Midollare

Cuticola

Papilla dermica

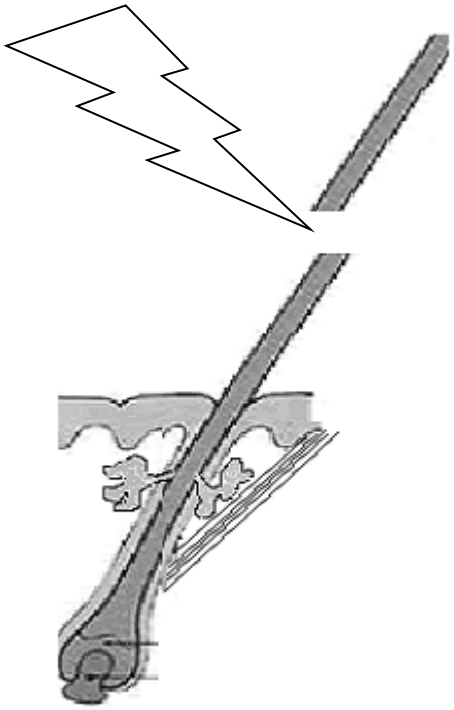
Ciclo follicolare

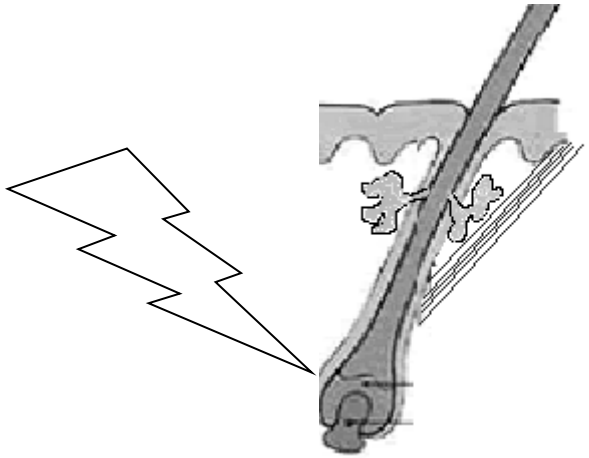
ANAGEN ➔CATAGEN ➔TELOGEN -

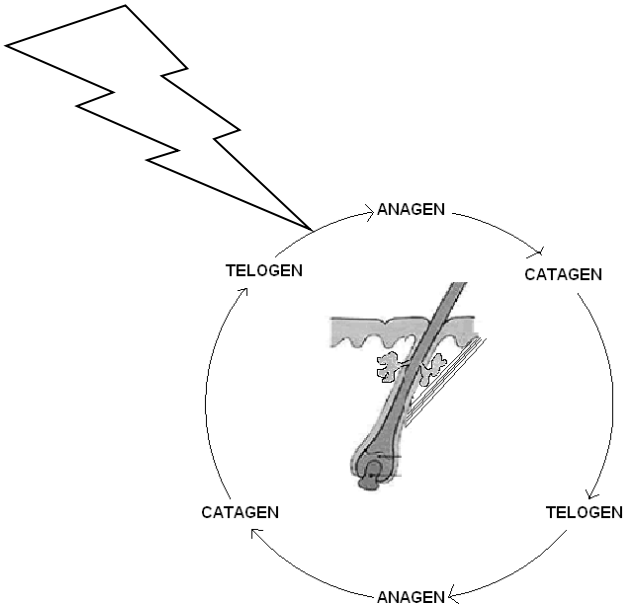


Perché l’alopecia?

3 LIVELLI DI INTEREFERENZA







Due Problemi

1) Alopecia focale e multifocale

(alopecia infiammatoria)

2) Alopecia diffusa e/o bilaterale simmetrica

(alopecia non infiammatoria)

Girasoli, Vincent Van Gogh

Alopecia nel cane

Alopecia focale e multifocale nel cane

Cause infettive

- follicolite batterica
- dermatofitosi

Cause infestive

- demodicosi

Cause immunomediate

- pemfigo foliaceo
- alopecia areata

Altre cause

- linfoma epiteliotropo
- reazioni da farmaco
- cicatrici
- alopecia da trazione

Pemfigo foliaceo

La più comune fra le malattie autoimmuni del complesso del pemfigo canino.

Autanticorpi diretti nei confronti delle strutture di connessione dei cheratinociti (desmosomi) ed in particolare della desmogleina I.

Quadro clinico: pustole, croste, alopecia, erosioni, depigmentazione.

Localizzazione principale testa, piano nasale, tartufo, contorno oculare, cuscinetti digitali

Alopecia areata

Malattia su base autoimmune con anticorpi diretti contro strutture del follicolo pilifero.

Alta incidenza in Bassotto e Pastore tedesco.

Alopecia bilaterale simmetrica di muso, regioni temporali e periorbitali oppure alopecia multifocale che può coinvolgere orecchie collo arti e tronco.

Occasionale ricrescita spontanea.

Linfoma epiteliotropo

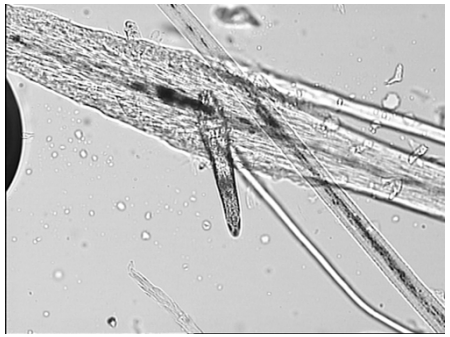
Proliferazione tumorale dei linfociti T con elevato tropismo per l'epidermide

Sintomi: prurito, alopecia, eritema

Iter clinico

1) raschiati profondi

2) esame tricoscopico e con lampada di Wood



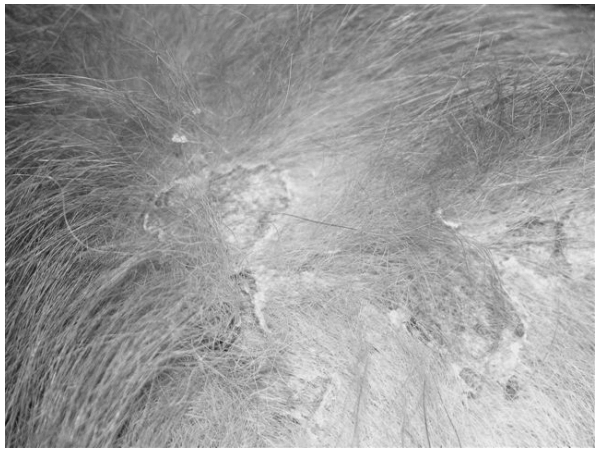
3) esame citologico

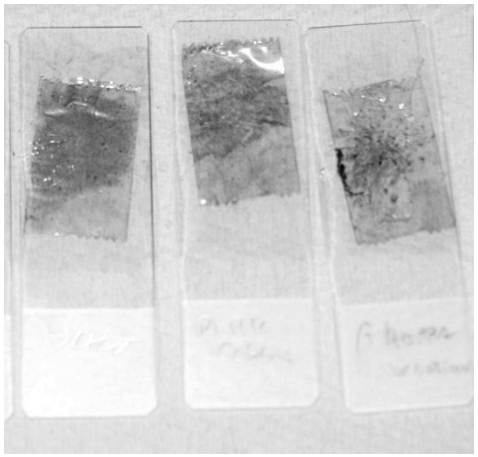
4) esame colturale per dermatofiti

5) terapia antibiotica *ex adjuvantibus*

6) biopsia cutanea

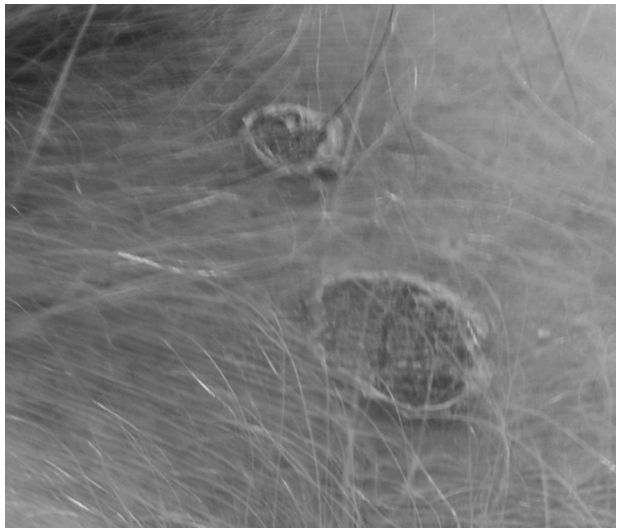
Follicolite batterica

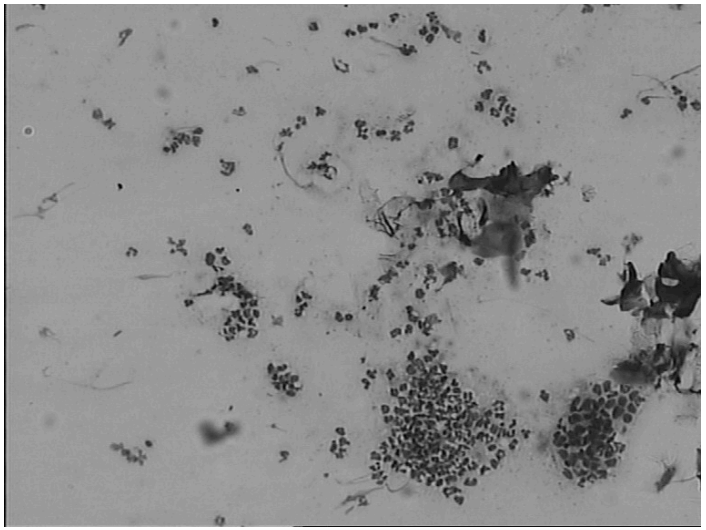




Staphylococcus pseudointermedius

Malattia secondaria!!





Terapia

- **Terapia topica**
- **Terapia sistemica**
- **<u>Diagnosi e trattamento della malattia primaria</u>**

Terapia topica

- **Disinfezione con sol. clorexidina 4%**
- **Shampoo-terapia**
- **Antibiotici topici in lesioni localizzate (es. mupirocina)**

Veterinary Dermatology

Vet Dermatol 2012; **23**: 330–e62 DOI: 10.1111/j.1365-3164.2012.01057.x

A review of topical therapy for skin infections with bacteria and yeast

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Background – Cutaneous infections with bacteria and yeasts are common in small animal practice. Treatment with systemic antibiotics or antifungal agents may not be ideal, because of the increasing development of multi-resistant organisms, the cost and the possible adverse effects. Topical antimicrobials may be used as adjunctive therapy to systemic treatment or as sole therapy instead of systemic treatment.

Objective – This literature review evaluated studies on topical antimicrobial treatment of skin infections.

Methods – *In vitro* and *in vivo* studies evaluating topical antimicrobial agents were identified using a number of electronic and manual searches of textbooks and articles. Studies were evaluated, and the evidence for or against the use of the topical agents was extracted.

Results – There is good evidence for the efficacy of chlorhexidine and, to a lesser degree, benzoyl peroxide in canine bacterial skin infections. There is limited evidence for the efficacy of silver sulfadiazine and medical honey against bacterial skin infections in the dog, and for the efficacy of hydrogen peroxide and stannous fluoride in the horse. Good evidence supports the use of a combination of chlorhexidine and miconazole in dogs with cutaneous *Malassezia* infections. There is insufficient evidence to recommend any other topical therapy for use in cutaneous infections.

Conclusions and clinical importance – Although many antimicrobial topicals are marketed in veterinary dermatology, the efficacy has been reported for only a minority of agents. Randomized controlled trials evaluating various topical treatments are therefore urgently needed.

Terapia sistemica

Antibiotici I^{a} scelta

- Amoxicillina –ac. clavulanico
  (20-25 mg/Kg bid, tid)
- **Cefalessina** (20-30 mg/Kg bid, tid)
- Cefadroxil (20-30 mg/Kg bid, tid)
- Cefovecina (8 mg/Kg sc q 14 d)

Antibiotici IIª scelta

- Clindamicina (11mg/Kg sid/bid)
- Cefalosporine III generazione (es. cefotaxime 50 mg/Kg bid)
- Fluorchinoloni (enrofloxacina 5-20 mg/Kg sid; marbofloxacina 2,5-5 mg/Kg sid)
- Lincomicina (10-25 mg/Kg bid)
- Sulfamidici potenziati (sulfadiazina-trimetoprim 50 mg/Kg bid)

Terapia

Sospensione 7 giorni dopo remissione clinica verificata con esame citologico (10-14 d in infezioni profonde o pazienti immunodepressi)

Veterinary Dermatology

Vet Dermatol 2014; **25**: 163–e43 DOI: 10.1111/vde.12118

Guidelines for the diagnosis and antimicrobial therapy of canine superficial bacterial folliculitis (Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases)

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Table 5. Suggested doses for systemic antimicrobial drugs for treatment of superficial bacterial folliculitis in the dog

Drug	Dose	Comments
Amikacin	15–30 mg/kg i.v., i.m. or s.c. once daily	Useful for treatment of multidrug-resistant organisms. Potentially nephrotoxic and ototoxic. Avoid in animals with renal insufficiency*
Amoxicillin–clavulanate	12.5–25.0 mg/kg p.o. twice daily	
Cefalexin, cefadroxil	15–30 mg/kg p.o. twice daily	
Cefovecin	8 mg/kg single s.c. injection	Pharmacokinetic data are available to support the use in dogs with duration of 14 days. Repeat injection after 14 days in most cases if infection is not resolved and to meet the criterion for treatment to 7 days beyond resolution
Cefpodoxime proxetil	5–10 mg/kg o.o. once daily	
Chloramphenicol	40–50 mg/kg p.o. three times a day	Reserved for multidrug-resistant infections with few other options. Myelosuppression can occur, particularly with long-term therapy. Vomiting is frequently encountered. Avoid contact by humans because of rare idiosyncratic aplastic anaemia. Wearing of gloves by owners handling the drug is essential
Ciprofloxacin	25 mg/kg p.o. once daily	Sometimes used because of lower cost than enrofloxacin. Lower and more variable oral bioavailability than enrofloxacin, marbofloxacin and orbifloxacin[76]. Difficult to justify over approved fluoroquinolones. Dosing recommendations are empirical
Clindamycin	5.5–10 mg/kg p.o. twice daily	If there is erythromycin resistance with clindamycin susceptibility, the D-test should be performed (or molecular methods for detection of *erm* genes) to determine likelihood of clindamycin resistance
Doxycycline	5 mg/kg p.o. twice daily or 10 mg/kg once daily	
Enrofloxacin	5–20 mg/kg p.o. once daily	
Lincomycin	15–25 mg/kg p.o. twice daily	
Gentamicin	9–14 mg/kg i.v., i.m. or s.c. once daily	Potentially nephrotoxic. Avoid in animals with renal insufficiency*
Marbofloxacin	2.75–5.5 mg/kg p.o. once daily	
Minocycline	10 mg/kg p.o. twice daily	Pharmacokinetics and dose in dogs have not been evaluated;
Orbifloxacin	7.5 mg/kg p.o. once daily	
Ormetoprim–sulfadimethoxine	55 mg/kg on first day, then 27.5 mg/kg p.o. once daily	Concerns regarding idiosyncratic and immune-mediated adverse effects in some patients, especially with prolonged therapy. If prolonged (>7 day) therapy is anticipated, baseline Schirmer's tear testing is recommended, with periodic re-evaluation and owner monitoring for ocular discharge. Avoid in dogs that may be sensitive to potential adverse effects, such as keratoconjunctivitis sicca, hepatopathy, hypersensitivity and skin eruptions
Pradofloxacin	3.0 mg/kg p.o. once daily	
Rifampicin	5–10 mg/kg p.o. twice daily	May cause red/orange urine, tears and saliva. Hepatotoxic. Associated with rapid development of resistance.
Trimethoprim–sulfadiazine or sulfamethoxazole	15–30 mg/kg p.o. twice daily	See comments for ormetoprim–sulfadimethoxine above

Abbreviations: i.m., intramuscular; i.v., intravenous; p.o., per os; and s.c., subcutaneous.
*See IRIS: International Renal Interest Society guidelines for prevention of aminoglycoside-induced acute kidney injury; www.iris-kidney.com
Use of the agents listed should take account of local and regional restrictions on their use.