

# Cats - Atopic Dermatitis



- Miliary Dermatitis
- Allergic Alopecia – Pruritus
- Eosinophilic plaque
- Eosinophilic Granuloma Complex
- "Head and Neck Pruritus"
- Uricaria Pigmentosa
- Persian facial dermatitis?

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**All have similar etiologies**  
**Similar diagnostic strategy**  
**Similar therapeutics**

**Hnilica 2009**

# Hemodynamic effects of methylprednisolone acetate administration in cats.

Ployngam T et al , (2006)

- 12 cats, 5mg/mg methylprednisolone acetate (MPA)
- Substantial increase in serum glucose concentration at 3 to 6 days after administration.
- Plasma volume increased substantially (> 40% in 3 cats)
- Analogous to the plasma volume expansion that accompanies uncontrolled diabetes mellitus in humans.

# Cyclosporine in Atopic Cats

- FIV/FeLV negative
- No evidence of systemic disease
- Rule out of other pruritic diseases:
  - ✓ Flea allergy
  - ✓ Mites
  - ✓ Pyoderma & Malassezia
  - ✓ Food reactions
  - ✓ Dermatophytes
  - ✓ Pemphigus
  - ✓ Psychogenic
  - ✓ Neoplasia

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- **Very good** response rate
- 25mg/cat daily for 1-2 months => every 2-3 days
- Longer half-life than in dogs
- Monitor for infectious disease
- **Widely used off label**
- **Much lower rate of serious side effects than corticosteroids** (Diabetes, Heart Failure)
- Main reported side effects = GI disturbances and weight loss. **Most cases not severe** enough to stop usage

# Cyclosporine and Feline Toxoplasmosis

- Despite publication of cases, an uncommon complication
- New infections more important than re-activation of latent. Sero-negative cats at higher risk
- No evidence of re-shedding of oocysts. Only shed for a few weeks
- Cats that hyper-absorb cyclosporine at higher risk

## •Prevent new infections

Cook meat

Stop hunting

Eliminate rodents

## •30 day CsA blood level

EDTA sample whole blood

24 hours post pill

Should be 200-500ng/ml and not in 1000's. Then adjust dose based on response and blood level.

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# Vomiting and Cyclosporine

1. Give initially with food
  2. If vomits, freeze capsule
  3. If still vomits, 10mg dose for 3 days and give metoclopramide 30 mins before.
  4. Discontinue metoclopramide after 14 days
- Metoclopramide moderately increases cyclosporine blood levels and the food does not decrease clinical efficacy