CLINICAL MANAGEMENT OF ACRAL LICK DERMATITIS IN A DOG

Alok Singh*, Mukesh Srivastava, Alok Kumar Chaudhary, Hemant Kumar Shah and Kapil Gupta

*M.V.Sc. Student, Department of Medicine, College of Veterinary Science & A.H., DUVASU, Mathura.
[Received: 02.2.2016; Accepted: 15.6.2016]

Acral lick dermatitis results due to frequent and excessive licking of a specified area on a limb or other part of the body which results into a firm, proliferative, ulcerative, and alopecic lesion (Thelma et al., 2005). Lesions are generally single and mostly confined to the dorsal aspect of lower extremities of the limbs. Lesions are usually self induced (Scott and Walton, 1984), single but may be multiple, and mostly on the dorsal aspect of the carpus, metacarpus, tarsus, or metatarsus (Veith, 1986). The causes of the licking are multifactorial, but environmental stress (e.g., boredom, confinement, loneliness, and separation anxiety may be important contributor (Srivastava and Srivastava, 2011). However, sometimes organic factors such as pyoderma, allergy, foreign body, neoplasia also serves as a causative agent for occurrence of acral dermatitis (Thomsen and Kristensen, 1986). Present case reports acral lick dermatitis on an unusual location and its successful management.

History and Observations

An 11 month old male mongrel dog weighing about 15 kg presented to the outpatient department of TVCC, DUVASU, Mathura with complaint of single oval, ulcerated lesion on the left lateral abdomen. History revealed beginning of lesion one month back, although dog had normal feeding, defecation and urination but continuous licking of lesion was noticed by owner. Clinical examination showed a single well demarcated, oval, alopecic, ulcerated lesion with peripheral hyperpigmentation and thickening (Fig-1). Surface exudate was absent probably due to continuous licking of lesion. All the vital parameters, behaviour, routine hematology, and skin scrapping examinations were unremarkable. On the basis of history and clinical examination, the case was diagnosed for acral lick dermatitis. Although no any visible or noticeable environmental stress (e.g., boredom, confinement, loneliness, and separation anxiety) was explained by owner in this case.

Treatment and Discussion

Treatment was started with Injection of triamcinolone acetonide (40mg/ml), intralesionally @ 0.5 ml diluted in 1ml of distil water around the lesion once in a week for three weeks. Additionally tablet

Fig-1 Acral lick dermatitis at left lateral abdomen

Indian Journal of Canine Practice Volume 8 Issue 1, June, 2016
levocetrizine 2.5mg bid, per os, ointment hydrocortisone 2.5% as topical application over the lesion once daily and application of wound dressing powder containing neomycin sulfate, polymyxin B, pramoxine, and bacitracin was also advised for a week. Owner was advised to spend more time with his pet along with provision of some methods of environmental enrichment like use of plastic toys and bone chew. Appreciable improvement was noticed as reduction in the size of lesion, reduced redness, and decreased intensity of itching. Same treatment was continued for next two weeks without levocetrizine. After three weeks, uneventful recovery was recorded. In canines acral lick dermatitis psychogenic factor like separation anxiety as also reported Srivastava et al., (2014) was considered as a contributing factor for this condition, which leads to the initiation of vicious itch-lick cycle. In such type of cases patient management depends on integrating physiological, social, and environmental factors which contribute to the clinical manifestation of behavioral dermatoses as also recorded by Virga, (2003). Although contributing factors were not identified in this case, dog was given environmental enrichment, which was done by advising some methods of environmental enrichment like use of plastic toys and bone chew. Along with medical therapy the environmental enrichment was advocated to help mental stimulation.

References