

A Case Study of Idiopathic Facial Dermatitis in Persian Cat Managed with 0.1% Tacrolimus Ointment

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A 3-year-old male Persian cat was presented to the Veterinary Medical Teaching Hospital of Seoul National University with a history of long term ulcerative dermatitis with pruritus only on the face (especially around eyes, lips, and ear margin). The patient had history of episodic treatments with prednisolone, antibiotics and food trial but without significant improvement. Dermal examination showed alopecia and erythematous lesions around the nostril and eyes with hemorrhage. Severe hemorrhagic ulcerative lesion was also detected on right convex part of ear. CBC and serum chemistry analysis were in normal range. Skin scraping examination, Wood's Lamp test, Allergen specific IgE test, FeLV/FIV test, and PCR for herpes, calici virus and chlamidia were all negative. Cytologic observation of the lesions showed *Malassezia* and bacteria (cocci) with neutrophils. Skin biopsy examination showed numerous mast cells, scattered diffusely through dermis. Perifollicular and periadnexal infiltration of numerous mast cells, few eosinophils, lymphocytes, plasma cell, and macrophages with the intracellular edema of follicular epithelial cells and edematous change of adjacent stroma were also detected. Therefore, definitive diagnosis was Idiopathic Facial Dermatitis in Persian cat (IFD) based on species, age, clinical signs and the result of test conducted. For the initial treatment, MPSA was injected one time and after the initial treatment for 4 weeks with chlorhexidine bathing once per 3days and amoxicillin-clavulanate and itraconazole administered orally, the symptoms were moderately improved. However, some new lesions arose again but not too severe compared to the previous lesions. And the management protocols with 0.1% tacrolimus ointment and regular chlorhexidine bathing was started. We still have been managed the patient with 0.1% tacrolimus ointment successfully.

IFD is a facial skin disease of no known cause and no specific protocol. We think that IFD could be well-managed with the 0.1% tacrolimus ointment and there is no specific reverse reaction of local treatment upon all the dermal lesions.

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