I am a firm believer that dermatology and management of skin disease is the best aspect of veterinary medicine! Of course that may be because I’m a dermatologist…..

I realize that may not be a sentiment shared by all of you, …..or most of you, or perhaps even many of you….. but hopefully with a little helpful information and tips on how to approach skin cases, any anxiety that you feel for dermatology case management can be alleviated. Those of you in practice are on the front lines of managing patients with skin disease and clients with frustrations and expectations. Here are some hints about how to navigate those situations that will hopefully be helpful to you in your clinic.

1. Schedule time for dermatology cases
   Each case of skin disease is different despite a similar appearance. Obtaining a thorough history, performing a thorough skin exam and performing appropriate diagnostics simply takes time. New patients with experienced dermatologists at referral dermatology clinics are usually scheduled for 45-60 minutes and if you are unable to allow this time in the schedule, this will negatively affect your ability to do the things necessary to make an accurate diagnosis and formulate a treatment plan.

2. Ask the right questions and observe
   History taking is an art that takes time to perfect. However once you get practiced at it, an accurate history will make your job easier and help you navigate through the litany of information that clients may want to give you in an attempt to be helpful. Clarifying in your mind and getting the answers to questions such as (continued page 2)
Dermatology Tips for the General Practitioner

7. **Educate yourself about the diagnosis**
   If you perform the appropriate diagnostics and you get a diagnosis that you haven't encountered before or you are unfamiliar with, educate yourself firstly. Have a good updated dermatology textbook on your shelf or reliable resource information at your disposal. Newly recognized diseases are reported continuously and novel and updated drug therapies and management strategies are being tested for diseases that have been around for years. Stay up to date on your management. Things change!

8. **Educate the client about the diagnosis**
   Once you have a firm grasp on the details about the disease condition. Talk to your clients about the condition including the prognosis and the therapeutic options that are available. If it is a chronic genetically based disorder (like atopic dermatitis), discuss with them the fact that this will be a chronic condition that will require chronic management. Discuss the options that you can offer them and also what limitations including time or financial constraints that they may have and discuss how this may impact their management. The most common source of frustration from referred clients is their lack of understanding of the aspects of the primary disease and what options are available for them.

9. **Send home discharge instructions**
   There is no substitute for clear, concise and very detailed discharge instructions in managing skin disease. Most clients will follow your instructions if they know what is expected of them. It is imperative in most of our cases, that clients continue therapy until remission or control of the condition has been achieved and then a long term management plan can be instituted on follow up visit.

10. **Let a dermatologist assist**
    Dermatologists are specifically trained to be able to manage chronic skin problems. We actually enjoy it! There is nothing more satisfying to us then taking a patient that is unhappy and in some cases, miserable and has become an outcast in the home because of the look and smell from the skin and turning them back into a valued and huggable member of the family! In cases that have become unresponsive or clients who would like additional dermatological input or management, using a dermatologist as a referral source is the best way to strengthen your relationship with your client.

Source: Rusty Muse, DVM, Diplomate American College of Veterinary Dermatology, Tustin, CA
The North American Veterinary Dermatology Forum held their annual meeting in Nashville, TN in April. The event was attended by veterinarians from across the country and internationally. The conference provides a platform for dermatology residents to present their required case study projects as well as senior dermatologists to share the latest updates and findings in veterinary dermatology with peers. The following are selected abstracts presented at the meeting.

**Sterile nodular panniculitis: a retrospective study of 39 dogs**
C.L. CONTREARY, C.A. OUTEBRIDGE, V.K. AFFOLTIER, P.H. KASS and S.D. WHITE

**Abstract:** A retrospective study assessing the presence or absence of concurrent systemic disease associated with canine sterile nodular panniculitis (SNP) and documenting breed predispositions was undertaken by a medical records search for dogs diagnosed with SNP at a veterinary teaching hospital, from 1990-2012. Thirty nine dogs met inclusion criteria with compatible skin biopsy findings with negative special stains for infectious organisms. Special stains (Fite’s, Ziehl-Neelsen acid fast, Bacille Calmette Guerin for Mycobacterium spp, Gomori methenamine silver and periodic acid Schiff) were preformed in all dogs, some retrospectively, as not all dogs (9/39) had deep tissue cultures performed. Bacterial culture results were negative (24/39) or isolated rare numbers of Staphylococci (6/39). The inflammatory pattern and predominant inflammatory cell types with the panniculus, along with presence or absence of concurrent dermatitis were evaluated. There was no associated histologic pattern with clinical presentation or breed. The breed distribution was compared between dogs with SNP and all other dogs examined at the teaching hospital over the same period using an exact chi-square test of homogeneity. Australian Shepard dogs, Brittany Spaniels, Dalmatians, Pomeranians, and Chihuahuas were significantly overrepresented (P<0.05). Thirty two dogs (82.1%) had no concurrent systemic illness at the time of initial diagnosis or during the follow-up. The concurrent diseases diagnosed in 7 dogs included polyarthritis (4), diabetes mellitus (1) and historical seizures (2). To the authors’ knowledge, this is the first report revealing the above breed predispositions for SNP. In this study, SNP was not typically associated with concurrent systemic illness.

Source of funding: Self-funded
Conflict of interest: None declared

**Stability and pharmacokinetics of Atopica capsules stored at -20°C**
J. BACHTEL, J.PENDERGRAFT, R.A.W. ROSCHUK, D. GUSTAFSON, R. HANSEN, P. LUNGOHOFER and A. BROWN

**Abstract:** It has been suggested that placement of ciclosporin (Atopica®: Novartis Animal Health, Greensboro, NC) capsules in a household freezer (approximately -20°C) prior to oral administration reduces the incidence of vomiting in dogs. Although storing Atopica® capsules in a freezer is commonplace, the impact on ciclosporin stability and pharmacokinetics was previously unknown. Ciclosporin concentrations of all available Atopica® capsules strengths (10mg, 25mg, 50mg, and 100mg) were assessed after -20°C storage at five time points (1 hour, 1 day, 7 days, 15 days, and 30 days) and at package insert recommendations (15-25°C). A blinded, randomized cross-over study was also performed to compare blood concentrations of ciclosporin dosed in eight healthy beagle dogs (4.9-5.3 mg/kg per os) after Atopica® storage for 28 days at -20°C versus storage a 15-25°C with a 7 day washout period. Blood samples were obtained at 0, 0.5, 1, 1.5, 2, 4, 6, 8, 10 and 24h. Both capsule and blood ciclosporin concentrations were assessed via HPLC-MS/MS. There was no significant difference between ciclosporin concentrations of Atopica® capsules stored at -20°C and those stored at the recommended temperature range (p=0.80). Similarly, in the crossover study, there were no significant differences in pharmacokinetic parameters assessed: area under the curve (p=0.9273), half-life (p=0.71), Cmax (p=0.66), Tmax (p=0.41). Thus, Atopica® capsules can be administered to dogs after storage at -20°C for approximately one month with no significant impact on drug stability or pharmacokinetics. This study was funded by the Colorado State University College Research Council Foundation and the Center for Companion Animal Studies.
Conflict of interest: None declared

**A prospective, randomized, double-blinded, placebo-controlled trial evaluating the effects of a natural triglyceride omega-3 supplement on atopic dermatitis and erythrocyte membrane fatty acid concentrations in dogs**
B.S. PALMEIRO, K.J. SHANLEY, S.J. MEHLER, Z.A. SHAH, C.R. PALMEIRO

**Abstract:** The objectives of this study were to evaluate the efficacy of a triglyceride form omega-3 supplement (Canine Omega Benefits (COB): Veterinarian Recommended Nutriceuticals, Plymouth Meeting, PA) for atopic dermatitis (AD) in dogs and to evaluate its effect on canine erythrocyte membrane (EM) fatty acid (FA) concentrations, compared to placebo (Mineral oil). Seventy-two dogs with a clinical diagnosis of AD were used by owners to assess pruritus severity. Overall improvement (OI) was assessed via owners/investigators utilizing a VAS. Sixty-six completed the trial (33 COB, 33 placebo). On days 42 and 84, COB treated dogs had a significant reduction in CADLI scores compared to placebo (p=0.000). On day 84, significantly more COB treated dogs (60%) had a >2cm reduction in pruritusVAS scores compared to placebo (16%) (p=0.05). Owner/ investigator OI VAS scores were significantly higher in the COB group compared to placebo on days 42 & 84 (p<0.05). A significant increase in omega-3-index (EPA+DHA/total erythrocyte FA) levels and reductions in Arachidonic Acid:EPA and Omega-6:Omega-3 ratios were found on days 42 and 8 compared to placebo (p=0.000). COB was an effective treatment for the reduction for pruritus and skin lesions associated with AD and improved EM FA concentration in dogs.
Source of funding: This work was supported by Veterinarian Recommended Nutriceuticals, Plymouth Meeting, PA.
Conflict of interest: At the time of the study, Drs. Palmeiro, Shanley and Mehler were compensated consultants and members of the Veterinarian Recommended Nutriceuticals scientific advisory board.
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