Dermatologists Convene in TX for Annual Meeting
*World Congress of Veterinary Dermatology in Vancouver 2012*

The annual North American Veterinary Dermatology Forum will be held in Galveston, TX April 13-16. Dermatologists, dermatopathologists and others involved or interested in veterinary dermatology will be attending meetings, presentations and lectures. A half-day of programs are dedicated to veterinary technicians this year as well.

Selected abstracts from this meeting will be printed in future issues of Derm Digest Veterinarian Edition.

In 2012, the NAVDF will stand down for the 7th World Congress of Veterinary Dermatology which will be held in Vancouver, BC July 24-28, 2012. This is an international event held every four years at a selected location in Europe, Asia or North America. Veterinarians are invited to attend this event for the latest offerings in veterinary dermatology with an international flair. See [www.vetdermvancouver.com](http://www.vetdermvancouver.com) for more information regarding the social and scientific program.

Atlanta, GA to Orange County and Back

Almost a year has passed and Dr. Joel Griffies has easily settled into his role as the lead doctor in our Marietta clinic, a suburb of Atlanta, GA.

For six years, Dr. Griffies was the owner and the practicing veterinarian of Riverside Animal Hospital in Atlanta, when he accepted a residency at Animal Dermatology Clinic in Tustin, CA in 1999. He relocated to Orange County CA and started on his dermatology path ultimately earning his Diplomate status from the American College of Veterinary Dermatology.

During his stay in California, Dr. Griffies married and now has two children.

“Certainly, relocating your family across the country has its challenges, but it has been great moving back to Georgia to be closer to our families here in the Southeast. It has been an added bonus to be able to re-kindle relationships with area veterinarians from many years ago,” he says.

Dr. Griffies is now the mentor for dermatology resident, Dr. Sarah Barlett. Clients may make an appointment for with either doctor by calling 770-422-2509.

www.animaldermatology.com
The influence of topical unsaturated fatty acids and essential oils on normal and atopic dogs – a pilot study
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Abstract: Seven dogs with atopic dermatitis and five normal dogs were treated with a spot-on containing essential oils and unsaturated fatty acids once weekly for 8 weeks. Seven more atopic dogs received a daily spray containing similar ingredients. In all dogs, transepidermal water loss (TEWL) was measured before and after treatment with a closed chamber device. In atopic dogs, a validated lesion score (Canine Atopic Dermatitis Extent and Severity Index, CADESI) was determined and pruritus was assessed with a visual analogue scale before and after treatment. The mean CADESI scores in atopic dogs decreased with the spot-on from 25.1 to 15.3 (p=0.0043) and with the spray from 29 to 6 (p=0.0366). Similarly, the pruritus scores decreased from 3.1 to 2.1 with the spot-on (p=0.266) and from 2.3 to 1.3 with the spray (p=0.0177). There was a significant difference between the TEWL values of healthy and those of atopic dogs on the abdomen (p=0.0181) and back (p=0.0123). TEWL decreased significantly on the back after treatment with the spray (p=0.016), on the abdomen the decrease was not quite statistically significant (p=0.078). Adverse effects were not observed. These results indicate that topical fatty acids and essential oils are a useful treatment option for canine atopic dermatitis.
This study was supported by the Laboratoire de Dermo-Cosmétique Animale, France

Promeris-associated pemphigus foliaceus-like drug reactions in dogs: 22 cases
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Abstract: Promeris Duo (Promeris) is a novel topical flea and tick preventative containing metaflumizone and amitraz. Our objectives are to present a series of dogs that developed a pemphigus foliaceus-like reaction (PFLR) at Promeris application sites. Cases were included if they had visible dermatitis that first occurred at the site of Promeris application. Lesional skin biopsies had to demonstrate acantholytic keratinocytes and special stains must have failed to reveal pustular fungi or bacteria. Finally, cases must have scored “probable” or “definitive” on the Naranjo drug reaction probability scale. Twenty two dogs were diagnosed with a PFLR: in 8 cases (36%), the lesions extended from Promeris application sites (L, localized); in 14 cases (64%), lesions were also evident at distant sites (D). Most dogs were middle aged and of large breeds. In 5/22 dogs (23%), the PFLR occurred after a single dose, but it could take up to ten applications to develop in other dogs. Systemic signs were experienced by 3/8 (38%; L) and 11/14 (79%; D) of patients. Immunosuppression was required in 3/8 (38%) and 10/14 (71%) of dogs from groups L and D, respectively. In 1/8 dogs (13%, L) and 5/13 dogs (38%, D) immunosuppression had to be continued to prevent relapses upon tapering. For the remaining patients, the duration of therapy averaged seven (L) and five months (D) respectively. In summary, Promeris-associated-PFLR differs, in its initial clinical presentation, from spontaneously occurring PF. However, as the disease progresses, it shares noticeable clinical, treatment and outcome similarities with naturally occurring canine PF. This study was funded by a Novartis ACVD Resident Research Grant.
A non-inferiority clinical trial comparing fluconazole and ketoconazole in combination with cephalexin for the treatment of dogs with *Malassezia* dermatitis

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Abstract: This double-blinded non-inferiority clinical trial was conducted to evaluate the use of oral fluconazole for the treatment of *Malassezia* dermatitis in dogs also receiving cephalexin for concurrent bacterial dermatitis. To judge the efficacy of fluconazole, it was compared to an accepted therapeutic agent, ketoconazole. Thirty-two dogs were initially enrolled in the study. Four were subsequently excluded due to culture of methicillin-resistant staphylococci and three failed to return for follow-up. The dogs were randomly assigned to receive generic fluconazole (n=13) or generic ketoconazole (n=12) at 5-10 mg kg\(^{-1}\) once daily. All dogs received generic cephalexin at 22-30 mg kg\(^{-1}\) twice daily. At week 0 and week 3, a yeast count was obtained by evaluating acetate tape cytology, a clinical index score (CIS) was assigned based on the clinical severity of the *Malassezia* dermatitis and owners estimated their dog’s pruritus using a visual analogue scale (VAS). Treatments were compared using unpaired *t*-tests (yeast count) and Wilcoxon rank sum test (CIS and VAS) with SAS v9.1 statistical software. There was a 95.9% and 97.8% reduction in mean yeast count on week 3 for the fluconazole and ketoconazole groups, respectively. A significant decrease (p<0.001) in yeast count, CIS and VAS was noted for both treatments. There was no difference between the treatments regarding the magnitude of the reduction in yeast count (p=0.43), CIS (p=0.91) and VAS (p=0.85). These results suggest that fluconazole is as effective as ketoconazole for the treatment of dogs with *Malassezia* dermatitis. This study was supported by a grant from the American College of Veterinary Dermatology.