

# SUPERFICIAL DERMATITIS TREATED WITH ANTIBIOTICS AND VETGOLD CREAM IN A WEST HIGHLAND WHITE TERRIER

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## PRESENTATION & HISTORY

An eight-year-old female neutered West Highland White Terrier Dog presented with severe pruritic lesions on the ventral abdomen and thorax. No previous history of skin complaint noted. The owner reported that the dog started scratching, nibbling and biting herself for the past 2-3 days.

## CLINICAL EXAMINATION & INVESTIGATION

The dog appeared responsive and alert. Body condition and general coat quality was good. Full clinical examination was within normal parameters. Examination of the ventral abdomen and thorax revealed multifocal hyperaemic and ulcerated skin lesions, varying in size and severity. Impression smears taken from the lesions for microscopical examination. A predominant population of cocci bacteria was detected, which presumed to be staphylococcus infection. Some malassezia were present in the microscopical field. Due to their low number, it was considered as non-significant findings.



Fig: 1



Fig: 2

## PROBLEM LIST/ DIFFERENTIAL DIAGNOSIS

Pruritis

Contact dermatitis

Atopic dermatitis

Ectoparasites

Vasculitis

Pemphigus

## MANAGEMENT

The affected area was shaved, and cleaned. Cephalosporin antibiotics were given at a dosage rate of 20mg/kg twice daily orally for 14 days. VetGold cream applied topically three times a day on affected skin. No steroids were given.

## FOLLOW UP EXAMINATION AND OUTCOME

At one-week follow up examination, the dog appeared clinically well. The skin lesions at the ventrum healed completely with very little scar formation. The dog did not scratch itself and tolerated the cream very well. The owner reported that initially the dog licked the area after application but soon stopped and further applications were not associated with overt licking and disturbance of the cream layer.



Fig: 3



Fig: 4

## DISCUSSION

Superficial dermatitis is a very common presentation in the dog and the cat. The causes of itchy and inflamed or infected skin is vast and it not the intension of this case report to explore all the possible causes for this type of presentation but merely to report the efficacy of VetGold cream as an adjunct treatment for Staphylococcal dermatitis and possibly other forms of dermatitis.

These lesions are typically inflamed, infected, and occasionally ulcerated. These are mostly very pruritic. Many types of symptomatic and supportive treatments and various treatment combinations are available. In many of the treatment options, steroids in one form or another are commonly used to reduce inflammation and skin irritation.

Depending on the primary cause of the pruritic skin lesions (flea and sarcoptic mange infestation for example), the main initial treatment is often symptomatic. In cases where the lesions are recurrent or non-responsive to initial therapy, a more detailed investigation would be indicated.

In this case, there is no previous history of any skin complaint. The general coat quality was very good. No parasitic infestation diagnosed, and an impression smear from the lesions revealed heavy population of cocci. Given this clinical history, it was decided to treat the lesions without initial consideration for detailed dermatological work-up.

The pruritis, oedema, and hyperaemia of the skin healed very rapidly without the use of any steroidal anti-inflammatories but only topical VetGold cream and antibiotics. Further more, after one week the skin appeared smooth, soft, with very little scar and no scales and scabs. The rate of healing of these lesions seems to be enhanced when comparing with other treatment combinations. It is somewhat subjective and may be open for debate. The quality of healing however is rather impressive, which leaves less room for interpretations.