

German Shepherd Dog Pyoderma

AETIOLOGY AND PATHOGENESIS

German Shepherd Dog pyoderma is an idiopathic, chronic, recurrent ulcerative and exudative disease predominantly seen in German Shepherd Dogs and crosses thereof. Whether it is a true primary pyoderma or not is controversial. German Shepherd Dog Pyoderma is a distinct condition separate from the pyodermas occurring secondary to flea allergic dermatitis, atopic allergies, adverse reaction to food, demodicosis, or hypothyroidism. Nevertheless, allergies have been recognised as a trigger for the condition. *Staphylococcus intermedius* is the most commonly isolated organism.

CLINICAL FEATURES

German Shepherd dog Pyoderma occurs most commonly in middle-aged animals, but may be seen in at any age. There appears to be no sex predisposition. Lesions generally start over the lateral thighs and dorsal lumbosacral areas, but any area of the body may be affected. Typical lesions include the development of erythematous to violaceous bumps in the skin, pustules, erosions, ulcers, crusts, and tracts which drain a blood tinged material. Varying degrees of hair loss and darkening of the skin may be noted and the peripheral lymph nodes are generally enlarged. Lesions may be itchy and/or painful.

DIFFERENTIAL DIAGNOSES

- Demodectic mite
- Deep bacterial infection secondary to other diseases
- Bacterial infections secondary to fungal diseases
- Cancer
- Allergic reactions to drugs

DIAGNOSTIC TESTS

The history and clinical findings are highly suggestive but not absolute. Skin scrapes, cytology, biopsy and histopathology, bacterial and fungal culture and antimicrobial sensitivity may be necessary to confirm the diagnosis and eliminate other diseases. Flea control trials, food trials and allergy testing may be indicated in dogs with other clinical signs suggestive of flea infestation, allergies, or adverse reactions to food.



MANAGEMENT

1. Antibiotics – preferably on the basis of antibacterial culture and sensitivity. Therapy should continue for two weeks past clinical cure – this may mean 6-12 weeks treatment or longer. Some cases may require pulse antibiotic therapy for control.
2. Antibacterial shampoos and washes to reduce the bacterial load, remove crusts, enhance drainage of purulent material, and ameliorate pain and pruritus.

Many cases, however, fail to respond adequately to antibacterial treatment. Atopica once daily until remission and then as often as necessary to maintain remission is beneficial in many cases.

Key points

In general this is a condition that can not be cured but just controlled with continuous treatment.