

# Schnauzer Comedo Syndrome

## AETIOLOGY AND PATHOGENESIS

This is a follicular keratinisation disorder of Miniature Schnauzers characterised by comedo (black head) formation along the dorsal midline. The syndrome is probably associated with an inherited developmental defect of the hair follicles leading to abnormal black head formation, follicular plugging and dilation and, in some cases, a secondary bacterial folliculitis.

## CLINICAL FEATURES

Lesions develop in young to adult Miniature Schnauzers. They extend from the middle of the back to the sides and are located from the neck to the lower back. In many cases, lesions are more prominent on the lower back region. In early or mild cases the lesions may not be visualised, but small bumps can be palpated over the back; these may be crusted and firm or soft and waxy. With progression, there is thinning of the hair and the blackheads become more obvious. A secondary bacterial infection of the hair follicle may develop and this will often be accompanied by itching and/or pain. Small crusts may develop in association with the infection.



## DIFFERENTIAL DIAGNOSES

- Demodectic mange
- Bacterial infection of hair follicles
- Ringworm
- Flea bite hypersensitivity
- Contact dermatitis to topical medications

## DIAGNOSTIC TESTS

The history and clinical signs are highly suggestive, and the diagnosis can be confirmed by biopsy and histopathology. Skin scrapes, tape-strip cytology, fungal cultures and flea control trials can be helpful to rule out the differential diagnoses.

## MANAGEMENT

The prognosis is variable, but generally good for most dogs although on-going treatment will be necessary. Mild cases with few lesions may not require treatment. More severe cases can be managed with keratolytic shampoos used twice weekly to remission and then as necessary. Use milder, less drying products initially and progress to more potent products as required. Most of the more severe cases can be controlled with shampoos containing either phytosphingosine or benzoyl peroxide. Secondary bacterial

folliculitis should be treated with an appropriate systemic antibiotic therapy for three weeks. Refractory cases refractory may be treated with isotretinoin or acitretin.

**KEY POINT**

- Is a condition that is controlled rather than cured.