

Feline Plasma Cell Pododermatitis

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Plasma cell pododermatitis is an uncommon immune-mediated disease affecting the paw pads of cats. The pathogenesis is unknown, but may be a hypersensitivity or an autoimmune process. It is characterized by dense infiltration of plasma cells into the pads.

The resulting clinical signs are swollen paw pads. The swelling can be subtle initially and dramatic in severe cases. Variable scaling, fissuring and even erosion can be present as well. The pads may develop a purple hue and the toes may spread in an unusual manner when the cat is bearing weight.

Generally, this is a non-pruritic condition, although cats may lick the paws due to discomfort. Concurrent stomatitis has been reported.

The diagnosis is often made based on history and physical exam. A skin biopsy reveals a diffuse infiltrate of plasma cells. Serum chemistry may reveal hypergammaglobulinemia.

The main differential diagnoses include: atopic dermatitis, food allergy and pemphigus foliaceus. Allergies tend to be more pruritic than plasma cell pododermatitis. Pemphigus tends to be more painful with thicker crusts on the pads. Additionally, the claw folds tend to accumulate a caseous, white debris in pemphigus. Both conditions usually feature interdigital erythema as opposed to plasma cell pododermatitis where the interdigital skin is rarely affected.

This condition is generally controlled, but not cured. Cats require ongoing medication to keep the paws comfortable.

Treatments that are most often effective include: doxycycline suspension and modified cyclosporine. Doxycycline is administered at a dose of 5mg/kg PO q 12 hours for 6 to 8 weeks, then as needed to control swelling. Once daily dosing may be possible. Modified cyclosporine (Atopica is preferable) is administered at a dose of 5mg-7mg/kg PO q 24 hours for 6 to 8 weeks, then as needed to control swelling. Every other day dosing may be possible.

The prognosis is good.

