

Demodicosis in cat – A clinical case report

Shalaka P. Salvekar

Asst. Professor

Department of Surgery & Radiology

Krantisinh Nana Patil College of Veterinary Sciences, Shirval,

Dist. Satara, Maharashtra – 412 801

Maharashtra Animal and Fishery Sciences University, Nagpur.

Introduction

Demodicosis is the common entity found in all ages of companion animal irrespective of the sex. Demodicosis is an inflammatory parasitic disease of dogs and rarely cats characterized by the presence of a high number of mites in the hair follicles, which often leads to inflammation and infection. The mite, demodex, is part of the normal make up of the skin and is normally present in small number. The mite resides in hair follicles and glands surrounding the follicles (sebaceous glands). Due to changes in either the genetic or immune system of the animal, the mite begins to proliferate and causes the clinical signs of the disease. In felines demodicosis is rare and usually localized. Generalised demodecosis has been seen in cats with diabetes mellitus, respiratory infections, FeLV infection, feline endocrine alopecia, FIV infection, Feline infectious peritonitis and neoplasia (Ettinger and Feldman, 1995). It is characterized by inflammatory dermatitis, alopecia and if secondary bacterial infection occurs, suppurative lesions are also seen.

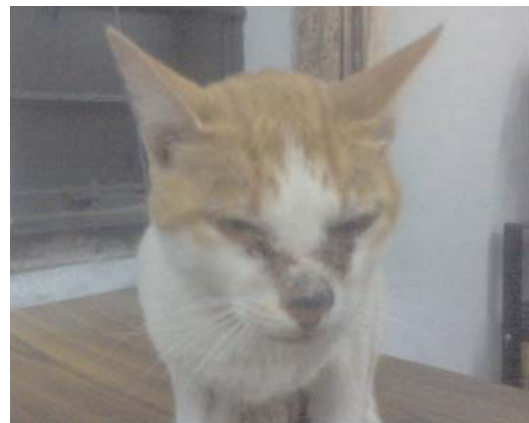
Case history and clinical findings

A 1 year old tom cat was presented in the clinic with the history of patchy alopecia with erythema, with variable scaling and hyperpigmented lesions around eyes, nose, mouth and on ear pinna. The periorbital lesions were highly inflamed and epiphora was also observed. The lesions were symmetrical and were restricted to face. Pruritus when present was intermittent or mild. The cat also showed diarrhoea and inappetence. The cat in general appeared depressed, lethargic and took no interest in grooming and wandering. According to the anamnesis the cat was suffering for more than 12 days.

The skin scrapping was collected behind ears and the impression smears on the adhesive tapes were collected from three different sites i.e from the periorbital lesion, lesions at the commissars of mouth and on the nose bridge. The microscopic examination revealed the presence of *Demodex cati* infestation.

Treatment

Initially the cat was treated with inj. Gentamicin @ 4mg/kg intramuscular for three days for the control of diarrhoea. Once the diarrhea was ruled out the cat was treated with inj Neomec (Intas Pharmaceuticals Ltd) @ 0.1 ml/kg. body weight subcutaneously once a week for three weeks, 2% solution of lime sulfur was also applied on the lesions. Supportive treatment was given by alteration in food and by introducing dry cat food.



Crusty hyperpigmented lesions positive for *Demodex cati*

Shalaka P. Salvekar

Result and Discussion

The inflammation and erythema was resolved in 1st week of treatment. The cat appeared active and was found to be grooming herself in the first week. Examination of skin scrapping after third injection of neomec did not reveal any presence of mites. The lesions were completely resolved in the fourth week and the growth of new hair was appreciated in the fifth week of the supportive therapy.

Conclusion

Demodicosis in cats is caused by *demodex cati* which can be effectively treated with the ivermectin preparations administered weekly. Along with that the faster recovery can be achieved by giving balanced diet by incorporating dry cat food.

Reference

Ettinger, S. J and Feldman, E.C. (1995). "The skin as a sensor of internal medical disorder" In The Textbook of Veterinary Internal Medicine, 6th Edn Vol : 1 pp. 33.