THE EFFECTIVE USE OF FLURALANER IN THE TREATMENT OF OTODEMODICOSIS IN A CAT

Ferreira D.1,2
1. Animal Health Trust, Newmarket, United Kingdom
2. One Vet Group, Portugal

Introduction

Feline demodicosis is a rare parasitic condition. D. cati is the most common species causing demodicosis in the cat and is usually associated with underlying diseases or immunosuppressive therapies.1 Only a few cases of otitis externa caused by D. cati, without the presence of other skin lesions, have been reported in the literature.2 There are currently no clear guidelines for the treatment of feline demodicosis and the efficacy of the current available approaches is poorly documented. For the treatment of feline demodectic otitis externa, a topical rotenone-mineral mixture, an amitraz-mineral mixture and topical ivermectin applied directly in the ear canals have been reported to be effective.3 To the author’s knowledge, this is the first report of feline otodemodicosis caused by D. cati, treated successfully with a single dose of fluralaner spot-on.

Signalment and previous history

A 3-year-old, 4.1 kg, neutered male short-haired cat was presented with a three-week history of severe head and neck pruritus. The cat had been diagnosed, two months before, with a neutrophilic nephritis of unknown cause and was receiving for the last month, twice daily, 18.3 mg/kg of oral amoxicillin and clavulanic acid (Synulox®, Zoetis). Three weeks before examination, topical treatment with twice daily fusidic acid and betamethasone gel (Isaderm® gel, Dechra) had been prescribed, as well as 1.2 mg/kg of oral prednisolone (Prednicare®, Animal Care Group) with no improvement.

Diagnostic workup of the patient

- Dermatological examination - multiple erosive areas affecting the base of the ears, interscapular area, ventral neck, and periocular areas (figures 1 and 2).
- Microscopic examination of plucked hairs and skin scrapings – no mites or fungal elements detected.
- Cytology of the erosive lesions - very low number of extracellular cocci and a moderate number of neutrophils.
- Otoscopy - low amount of a light brown ceruminous discharge bilaterally.
- Microscopic examination of the cerumen - numerous live adult forms of D. cati.
- FIV/FeLV - negative.

Diagnosis and treatment

The cat was diagnosed with feline otodemodicosis due to D. cati, most probably triggered by neutrophilic nephritis of unknown cause.

A 250 mg fluralaner spot-on (Bravecto® Spot-on solution for cats, MSD Animal Health) was applied. Daily ear cleaning (CleanAural® cats, Dechra) was also started. The oral prednisolone and topical Isaderm® were discontinued.

One month later, the pruritus had significantly reduced and the erosions had resolved almost completely. Microscopic examination of the cerumen from both ears revealed a very low number of dead adult forms of D. cati. The ear cleaning was maintained twice weekly. At the following recheck, three months after application of the fluralaner spot-on, the lesions had completely resolved and microscopic examination of the cerumen was negative for mites.

Discussion

This case report describes the successful use of a fluralaner spot-on in the treatment of a cat with a bilateral otodemodicosis caused by D. cati. Feline demodicosis is often associated with a serious underlying systemic immunosuppressive disease. In this case we suspect a causal relationship between the chronic renal disease and the development of the otodemodicosis.

This case demonstrates that otodemodicosis is a differential diagnosis of head and neck pruritus in the cat and that spot-on fluralaner may represent an attractive option for treating otodemodicosis in feline patients.

References

2. Bizikova P. Localized demodicosis due to Demodex cati on the muzzle of two cats treated with inhalant glucocorticoids. Veterinary Dermatology 2014. 25, 222 - 225, e57-e58