

# Clinical Snapshot

► Particularly intriguing or difficult cases



## Case Presentation #1

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A 3-year-old spayed Persian cat presented with a chronic, nonpruritic, slowly progressive dermatosis limited to the face. Lesions consisted of black material adherent to the hair, regional crusting, and mild erythema. These lesions were present in the periocular area and facial folds and on the dorsal muzzle and chin. The cat also had chronic otitis externa. The cat was indoor only and up-to-date on all routine medical care. It had contact with one other housecat, which was unaffected.

In an effort to manage the dermatosis, the cat had been treated with antibiotics (amoxicillin–clavulanic acid, 20 mg/kg for 10 days; then cefovecin

sodium, 8 mg/kg SC, one dose), injectable corticosteroids (methylprednisolone acetate, 5.5 mg/kg SC, one dose), a 60-day novel protein diet, selamectin (once monthly, three doses), and miconazole–chlorhexidine pledgets (Malaseb, DVM Pharmaceuticals; daily use on the face). Despite these treatments, the dermatosis continued to progress.

1. What additional diagnostic tests would be useful for this case?
2. What dermatopathy does this cat have?
3. What treatment is currently recommended for this dermatopathy?

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## Answers and Explanations Case Presentation #1



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1. Helpful diagnostic tests may include skin cytology, skin scraping, skin biopsy, and dermatophyte test medium (DTM) culture. Skin cytology of the facial folds showed epithelial cells, occasional inflammatory cells, a few cocci, and heavy infection with *Malassezia* organisms. The skin scraping samples were negative for parasites. DTM culture results were negative, and the skin lesions did not fluoresce under a Wood's lamp. The owner declined a skin biopsy.
2. The diagnosis in this case was presumptive idiopathic facial dermatitis of Persian cats, also known as *dirty face syndrome*. It is reported most commonly in young Persian and Himalayan cats. It is thought to be inherited. This progressive disease is characterized by dark, greasy, exudative material that adheres to the distal portions of hairs in the facial folds (perioral and nasolabial) and, less commonly, nonintertriginous locations.<sup>1,2</sup> The muzzle, periorbital areas, and chin are most commonly affected. Although the condition is initially nonpruritic, pruritus is reported with chronicity, along with erythema.<sup>2</sup> There is a strong correlation with bilateral ceruminous otitis externa.<sup>2</sup> Secondary conditions may be present, such as pyoderma and this cat's *Malassezia* infection. Secondary conditions can be managed; however, the underlying syndrome responds poorly to most treatments.<sup>2</sup>
3. Treatments for idiopathic facial dermatitis include topical antiseborrheic products, management of infections, and oral modified cyclosporine (5 to 7 mg/kg/day initially).<sup>3</sup> As in this case, *Malassezia* infection in cats typically occurs secondary to other dermatoses, but it may also exist as a primary infection in cats with acne or comedones.<sup>4</sup> *Malassezia* infection can be treated topically with antiseborrheic products or systemically with azole antifungals.<sup>4</sup> **C**

### References

1. Paradis M, Scott DW. Hereditary primary seborrhea oleosa in Persian cats. *Feline Pract* 1990;18(1):17-20.
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