

## REPORTS FROM EUROPEAN SOCIETIES

### Elsie Lindstedt reports from Sweden

**November 1997:** Bengt Hemlin spoke on "Techniques of presentation". We find this very important, and applicable both when talking to pet owners, and to a larger audience. There were two points of special importance: Start off with the most interesting part, and, aim to be more interesting than the audience's own thoughts!

**April 1998:** 25 members of the Swedish Veterinary Dermatology Study Group travelled to find some sun, taking families and children. 56 people invaded Gran Canaria. They enjoyed 30 hours of case discussion during the week, and everyone had brought at least one case with them, together with slides and biopsy reports. Interpretation of these was helped by having a histopathologist, Sivert Bjurström, as one of the party. The meeting in the sun was a great success, and Elsie's comment is "Everybody who lives in a climate like ours, feel free to copy!"

### Alessandra Fondati reports from Italy

In 1997 SIDEV (the Italian veterinary dermatology society) held two meetings with case presentations, and lectures on topics from inflammatory and non-

inflammatory alopecias in dogs, to a review on sweat gland tumours in humans.

### British Veterinary Dermatology Study Group

Meetings were held in October 1997, and, in April 1998, a whole day meeting. This was an international meeting, with contributions from Prof. Ken Kwochka, Dr Michael Dryden and Prof. Ken Baker. Prof Kwochka presented data from studies made recently at Ohio State University on infection of the middle ear. They had shown, for example, that in nearly 2/3rds of cases of otitis media, the eardrum was not perforated. They had also found it valuable to estimate the Minimum Inhibitory Concentration of antibiotic needed to control bacteria, rather than simply using Kirby-Bauer discs to decide sensitivity. In many cases *Pseudomonas aeruginosa* (common in both otitis externa and media) required very high MICs. (See also the literature survey section).

Professor Baker discussed flea infestation of large animals, and showed that *Ctenocephalides felis* is an important parasite of sheep and goats in the hot sands of Libya. Dr Dryden agreed that it is an important parasite of large animals, being found on many farm species, including pigs, in the southern USA.

## Notice of Dermatology meetings 1998

### September 2nd to 5th:

### NETHERLANDS: ANNUAL CONGRESS of ESVD

For details see brochure enclosed with this mailing.

## BOOK NOW

For best prices, book before June 1st. Booking form is included in the brochure

### Residents' Corner

The 5th Veterinary Dermatology Pre-Congress Day will take place on Wednesday 2nd September in Maastricht, the Netherlands. In the morning there will be a whole session on endocrine (skin) diseases held by Prof. Dr. Ad Rijnberk of the University of Utrecht. In the afternoon Dr. Richard Harvey will speak about how to prepare for the ECVD Diploma Examination, followed by free communications by the residents. In the evening there will be the traditional Residents' Dinner with speakers. The whole meeting and dinner are free, thanks to kind sponsorship of BAYER and IAMS.

Residents and pseudo-residents interested in participating should write to:

Tim Nuttal, Resident in Dermatology, University of Edinburgh

**FOR FULL LIST OF NOTICES OF DERMATOLOGY MEETINGS, 1998 SEE BACK PAGE**

Are you an  
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Committee will be  
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dermatology  
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ECVD approval for  
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Any national or  
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Approval  
application form  
from the chairman  
of the ECVD  
Education  
Committee.  
Dr Patrick Bordeau,  
Ecole Nationale  
Vétérinaire  
Route de Gachet  
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Nantes  
Cedex 03 - France

# SHARING INFORMATION

*the lessons we may learn from  
comparative dermatology*

When the British Veterinary Dermatology Group first met in 1976 a dermatologist of human medicine remarked that our proceedings were "interesting, but 40 years behind the medics". Sadly, this remains true; there is much better funding for research into human dermatology than into that for animals. So, sometimes we can tag along and learn from them.

Staphylococci are of major importance in human dermatology, as in other species of animal, and there is good evidence that the several species of staphylococci have evolved with their hosts. Whilst *S. intermedius* is the significant organism in dogs, *S. aureus* is incriminated in the human problems. However, the manner in which humans and domestic animals share an environment is reflected in the fact that *S. aureus* may be found in feline skin lesions, and *S. epidermidis*, a resident on human skin, can be found on the skin of cows and goats with subclinical mastitis. Fortunately this cross-over seems to be a fairly rare occurrence, for a study of 144 veterinary college staff showed that only 1 carried *S. intermedius*. Human dermatology is ahead of us in being able to plot, with some confidence, the varying distribution of bacteria on the skin surface. It is probable that a similar variation occurs in dogs and cats, but we have little information on this.

There are similarities between some human and animal infections. Thus "impetigo", a pustular condition of puppies around the age of puberty looks quite similar to human impetigo. However, the latter is caused by *S. aureus*, often with  $\beta$ -haemolytic streptococci. Unlike the puppy form it is highly contagious. It may be associated with lice, scabies or eczema, and occasionally all four occur in the same patient. In dogs, scabies is usually accompanied by staphylococcal infection, but the obvious pustules seen in puppy impetigo are only seen rarely in sarcoptic mange, where crusting is much more evident. In humans staphylococcal infections have a peak in children below the age of 10 years, and another in those between 30-40 years - probably because by then they have their own children in the house.

Other infections shared by humans and dogs include infection with *Pseudomonas aeruginosa*. In the dog this is commonly a problem of the chronically infected ear, a warm, moist environment, not dissimilar to that in a jacuzzi, which is now well recognised as the cause of "hot tub infection".

All animals carry resident or commensal organisms on their skins and mucous membranes. Both dogs and humans carry staphylococci in their noses, though of differing species.

In both, changes induced in the skin by other disease can lead to invasion by the organisms. In both human and the dog, atopy is significant in this regard. In humans there is evidence that when the bacterial numbers rise above a certain level, such as 1 million

per cm<sup>2</sup>, then an exudative lesion forms. Similar studies have not been made in dogs, and indeed, even in humans the reason for the overgrowth of *S. aureus* is not known. It may be because skin lipids may be deficient in atopics and perhaps this controls staphylococcal colonisation. This would parallel the benefit seen, at least in some cases, with the use of essential fatty acids in canine atopy. However, antibiotics remain a cornerstone of canine anti-staphylococcal therapy.

Work on another human skin infection, leprosy, may also have a bearing on our understanding of canine pyoderma. In the former it is recognised that the pattern of infection, tuberculoid or lepromatous, is dependent upon the balance of T helper type 1 cells and T helper type 2. The importance of the balance Th1:Th2 is being increasingly recognised, and it plays a role in human leishmaniasis, T-cell lymphoma and psoriasis. Now Th1 cells tend to an increase in cell-mediated immunity, and Th2 an increase in antibody. Human atopics have an abnormal Th1:Th2 ratio and produce IgE antibody and have reduced cell-mediated protection. Further, staphylococcal antigens can act as "superantigens", and perhaps, once established, the infection itself acts as a yet further drive to the atopic state. This knowledge has guided the experimental use of cyclosporin in the treatment of some severe cases of human atopy, but in the dog attention to skin hygiene and use of antibiotics remain of central importance.

Antibiotic resistance is an even greater problem in humans than in animals, not least because the long term hospitalisation of patients with serious infection is much less common in veterinary medicine. Nonetheless, for dealing with the staphylococcal and streptococcal infections of humans, tetracycline is of great importance in acne, and erythromycin for treating infection with susceptible organisms. Where resistance has developed, then other drugs, including the cephalosporins, are indicated. Ceporex, the (UK) medical equivalent, is as useful as Ceporex Veterinary. Always, however, a thoughtful approach is needed, something not universally adopted by all our colleagues in general medical practice. J. L. Burton relates his experience of a GP who divided skin cases into three categories: those that itch, those which look ugly and those that smell. This classification was too complex for therapeutic purposes though, and was revised to two types: (i) those that respond to "Dermovate NN" (a combination of a very potent steroid with neomycin and nystatin), (ii) those that do not. This approach, added Dr Burton, is not to be encouraged.

This article first appeared in *Dermatology Digest*, and is here reprinted by kind permission of the Animal Health Services division of Henderson Group One, UK.

# HIGHLIGHTS FROM PISA

## Selected papers from the Free Communications proceedings

### Absence of allergen specific IgE antibodies and skin test reactivity in dogs less than 6 weeks of age.

Sousa C

Proceedings of 14th Annual Congress ESVD/ECVD, Pisa (1997) p176

The aim of the study was to determine whether dogs of less than 6 weeks of age had detectable serum allergen-specific IgE, since if they had none, then they might be used as models to determine whether certain allergens used for skin testing caused irritant reactions, as opposed to clinically irrelevant, but true-positive, skin test reactions.

Serum from 23 dogs of between 4 and 6 weeks were assayed *in vitro* for IgE to 14 different groups of allergens, and the results given a class score of between 0 and 5. Of the results, 98.4% were scored 0, 3 results had a score of 1 and 2 scored 2. In a second study 16 puppies (4-6 weeks old) were intradermally skin tested with a panel of 10 allergens, with positive and negative controls. No skin test result was positive, including the positive control injection of histamine.

It was concluded that the serum of young puppies makes a good negative control for *in vitro* assays for allergen-specific IgE. The results also suggest that positive *in vitro* test results from non-pruritic adult dogs may in fact be accurate and that the tests are measuring levels of clinically irrelevant IgE. The puppies could also be used to evaluate the true irritant nature of skin test allergens. Also, positive skin test reactions in non pruritic adult dogs may be caused, not by an irritant reaction, but by clinically irrelevant serum and tissue-bound IgE. Unfortunately, puppies at this age also failed to show skin test reactivity to histamine; further testing should be done to determine at what age puppies do develop such a reactivity.

### Sensitisation to dust mites in cats with *Otodectes cynotis* infection.

Saridomichelakis M N, Koutinas A, Gioulekas D

Proceedings of 14th Annual Congress ESVD/ECVD, Pisa (1997) p174

Twenty clinically normal cats were skin tested with extracts of *Dermatophagoides farinae* and *D. pteronyssinus* at dilutions of from 1/5,000 to 1/50000 w/v and with *Acarus siro* extract at 100NE/ml. None of these cats reacted to any of the extracts at any of the dilutions used. In the second part of the study, therefore, 18 cats infested with *O. cynotis* were tested intra dermally with *D. farinae* (1/5,000 w/v) and *D. pteronyssinus* (1/5,000 w/v) and *Acarus siro* (100NE/ml) antigens. One of the cats showed signs compatible with atopy (self-induced alopecia).

Of the 18 cats, 9 reacted positively to one (2 cats) two (6 cats) or all three (2 cats) of the tested mite

allergens. The cats were subsequently treated with ivermectin by injection and 16 were completely resolved. The one cat with signs suggesting atopy also resolved fully after treatment.

It was concluded that feline otodectic infestation can induce positive intradermal test reactions to dust mite allergens. This may be due to cross reactivity

### *In vitro* allergy testing to *Dermatophagoides farinae* and flea in 99 cases of feline eosinophilic granuloma complex.

Prelaud P

Proceedings of 14th Annual Congress ESVD/ECVD, Pisa (1997) p170

The goal of the study was to evaluate the role of allergy to the main allergens in cats in the development of the eosinophilic granuloma complex (EGC). Using the *in vitro* technique of basophil degranulation by passive transfer of feline IgE on equine basophils, they compared 99 cats showing features of EGC with 23 healthy cats. A positive test result for antigen of *D. farinae* was noted in 33 EGC cats, but also in 4 healthy cats. Similarly, with flea antigen 26 cats with EGC were positive, and 5 healthy cats. There was no statistically significant difference in the results between the EGC and healthy cats. They concluded that there was no link between sensitivity to either allergen and the development of signs of EGC, but noted that food intolerance or insect bite hypersensitivity could be involved. They also note that the sensitisation observed in healthy cats of this study must be remembered when assessing other feline "allergic" diseases.

### Microbial flora and sensitivity patterns of isolated pathogens in dogs with otitis media

Cole I K, Kwochka K W, Kowalski J J, Hillier A

Proceedings of 14th Annual Congress ESVD/ECVD, Pisa (1997) p158

The authors examined 23 dogs with otitis media, defined as those with exudate in the middle ear and cytologic or culture evidence of infection, the dogs all had chronic (greater than six months) otitis externa. Otitis media was diagnosed in 38 of the 46 ears (83%), and the tympanic membrane was intact in 27 of these 38 ears (71%). The three most common isolates from both horizontal ear canal and middle ear were *Staphylococcus intermedius*, yeasts and *Pseudomonas* spp. A difference in total isolates or susceptibility patterns was found in 34 ears (90%). They conclude that when investigating and treating middle ear disease that culture/sensitivity of both the horizontal canal and middle ear are necessary.

### SERUM SPECIFIC IGG LEVELS TO CUTANEOUS MALASSEZIA IN NORMAL AND ATOPIC DOGS.

Nuttall T J

Proceedings of 14th Annual Congress ESVD/ECVD, Pisa (1997) p166

Cutaneous *Malassezia* are commensal organisms present in most dogs, and are a common complicating factor in canine atopy. This study reported the development of an ELISA test to demonstrate the presence of *Malassezia*-specific IgG, and results of its use in detecting this IgG in normal dogs, atopic dogs without clinical *Malassezia* dermatitis and non-atopic dogs with clinical *Malassezia* dermatitis. Sera from atopic dogs, whether suffering clinical *Malassezia* infection or not, had significantly greater levels of IgG than sera from either normal dogs or non-atopic dogs with the infection. (This study was funded by a research award from the ESVD)

## DID YOU KNOW?

Staphylococci adhere more readily to the corneocytes of human and canine atopics than to corneocytes from non-atopics.

Staphylococci survive dry salty conditions better than other bacteria, giving them a competitive advantage on relatively hairless skin.

**June 18th: ITALY: SIDEV pre-Congress day of the FECAVA meeting, Bologna.** Immune mediated skin diseases, Dr. D. Heripret and Dr. L. Ferrer. Details from Dr. Chiara Noli, Fax: +39 2 749 0750; e-mail: pitnoli@iol.it  
**July 21st to 24th: ENGLAND:** Equine Dermatology Workshop at Newmarket, England. Stephen White, Valerie Fadok, Wayne Rosenkrantz. Details from Dr. Janet Littlewood, Animal Health Trust, Larwades Park, Kentford, Newmarket Suffolk, CB8 7UU. Tel +44 (0) 1638 552700, Fax +44 (0) 1638 555600

**August 20th to 22nd: SWEDEN:** Equine Dermatology, Dr. Janet Littlewood. Feline Dermatology, Dr. Gail Kunkle. (Language, English). Details from Elsie Lindstedt, Ljunglidsvagen 1, Varnamo, S-351 33 Sweden.

**September 12th to 13th: ITALY:** Clinical dermatology, problem oriented, Sardinia. Details Dr. C. Noli (see entry for June 18th, above).

**October 24th to 26th: ITALY:** SIDEV Advanced course on skin immunology and immunopathology. Dr. Thierry Olivry and Dr. Julie Yager. Cremona. Details from Dr. C. Noli (see entry for June 18th, above).

**October 30th to 31st: ENGLAND:** BVDSG Autumn Meeting, York. Details from David Culley, Yew Tree Veterinary Centre, Horsham Road, Cranleigh, Surrey GU6 8DP. Tel. 01483275665.

**November 5th to 7th: SWEDEN:** Dermatology I and II, Gothenburg (Language, Swedish). Details from Elsie Lindstedt (see entry for August 20th, above).

**November (date to be announced): SWEDEN:** One day course in cytology, Gothenburg. (Language, Swedish). Details from Elsie Lindstedt (see entry for August 20th, above).

# SURFING? – OR SINKING?

## *A less happy view of The Internet*

*(Editor's note: The author of this paper, one of the more senior members of the dermatology community, is a little embarrassed at the events described in this article, and that he may just be out of touch with the modern world. He has therefore asked to remain anonymous.)*

It's wonderful! You can get so much from it! The Internet is the World's newest source of knowledge, available to all!

It was with these thoughts that I recently began to try very hard to understand this new knowledge medium, the Internet. I had grown up in a world with telephones, and got used to, and liked, the speed of sending faxes, knowing that my written words could be on the far side of the globe within seconds of my placing the paper in my machine, but here, it seemed, was a way of finding information rapidly.

The trail from my home computer (via CompuServe) began with the ESVD Home Pages. As a long time member of this society, this sounded a comfortable place to start.

<http://www.rvc.ac.uk/esvd/esvd1.htm>

And there it was! The familiar ESVD logo, and a list of contents. A list of the officers, and how to become a member. Well that's interesting, but I already am a member, let's go on to "Surfing with Dermatology". Let's start with the hypertext link to the *American Academy of Veterinary Dermatology*.

Aah! "File not found" it said. Huh? What have I done wrong? Click again. "File not found", said the message on the screen, again.

Oh well, never mind, I have a current interest in certain parasites, let's try a search for *Cheyletiella*. There shouldn't be too many references for this particular parasite, but there must be some. The ESVD page suggests *BIOSIS – Zoological database*. Click, up came the page, click on *Taxonomy*, then *Trinn*, *Name index*, *Search form* (Are we nearly there

yet?). Aha! Here's where I enter the search word, *Cheyletiella*. And up came a "list of occurrences".

I am not quite sure what it means, for there were 3 columns of numbers, without headings to the columns, which seemed to represent the number of times my search word had appeared in the literature. But it did not tell me what literature, nor provide any links to it, so what was the use of the information? Hummm. Back to the BIOSIS home page. There is a search box here, so I entered "Cheyletiella". There was a pause, then a screen message: "500 Server error. Unable to complete request".

I shan't go on with all the details, but the thing became very boring. I did get to the home page of "The Journal of the Acarological Society of Japan", and thence to the tables of contents. I could have looked down the list, six sets per year for the last seven years, but even then I would have found only the titles. For a while I thought I had come across something interesting, "Dust mites: a primer", but although it turned out to be many pages on dust mites, it was by one person only, so I could not tell how good her information was, nor tell if it had been scrutinised for accuracy. It did have a list of references, though – might be useful one day.

Back then to the ESVD home page, try "The Electronic Textbook of Dermatology". Got that, so try "Parasites". Oh dear! "Socket error. Connection refused by host" said yet another infuriating message on the \*\*\*\*\* screen. (I was getting very cross by this time). Right, let's forget parasites, while I am in the Electronic Textbook, let's have a look at *Epidemiopoleosis*. O good! Look, here are the pages. But they are rather difficult to read. I set the computer to print out five pages, to see how good that was.

It was no good at all. The printing was all

strange, with one line partly overprinting the line above, it was almost unreadable. So, by now I was not a happy man, but, perhaps I still have to learn about this thing, let us go back to the ESVD Home Page once more. Now try "[Jowa Dermatopathology Tutor](#)".

"Error. The file you wanted is not available. Click here to connect to the Department of Dermatology".

There are some very rude words in the English language, used when the frustration level exceeds a certain point. I said several of them then, very loudly. My wife was surprised. I had spent 47 minutes and 35 seconds, and I had learned nothing about *Cheyletiella*. I had got very bored waiting for pretty pictures to come up on my screen, but they were pictures which could not help me, they were there only to make someone's page look charming. I expect they had spent many hours learning how to do it, and even more in perfecting the picture, but it was not helping me at all.

Does the Internet really help? As I read the journals, both veterinary and medical, I find frequent articles on using the Internet, but I now realise that I have never seen one in which someone took the reader down a real journey of discovery which they had made, I have never seen a report in which the writer described real information which they had retrieved. There was just one point in my own frustrating journey which I remember with a smile – I had got to *Net Vet* and gone down to *Veterinary Medical Section*, and there I read "If you cannot find what you are looking for here, try *Searching the Web* or your local library". This last part sounds like good advice, I'm not giving up my library ticket in the foreseeable future.

*(Editor's note: Can anyone out there help our contributor? Where was he going wrong, can you get real information from The Net?)*