

Medical history

A 9-year-old neutered male European cat came for a dermatological consultation with facial pruritus associated with chronic, recurrent, moderately pruritic chin lesions.

The cat lives in an apartment and has been fed hydrolysed hypoallergenic kibbles for several years following episodes of diarrhea, which have been well controlled since the diet was introduced. He is regularly treated for fleas with monthly applications of Stronghold® plus. He is in contact with two other cats who present no particular problems. Vaccinations are up to date, and no viral episodes have been reported by the owner.

Lesions have been evolving for several months; they remain localized on the face, with variable pruritus. Systemic corticosteroid treatments have improved the dermatosis, but the owner no longer wishes to use them due to her marked corticophobia, linked in part to her cat's asymptomatic heart murmur. Thyroxinemia was normal, as were biochemical tests.

Clinical examination

Clinical examination reveals lesions on the chin, with diffuse hypotrichosis, associated with the presence of scales and casts in a context of blackish oily seborrhea (photos 1 and 2). Pruritus is rated at 6/10 on a visual analogue scale designed specifically for cats - VAScat (1).

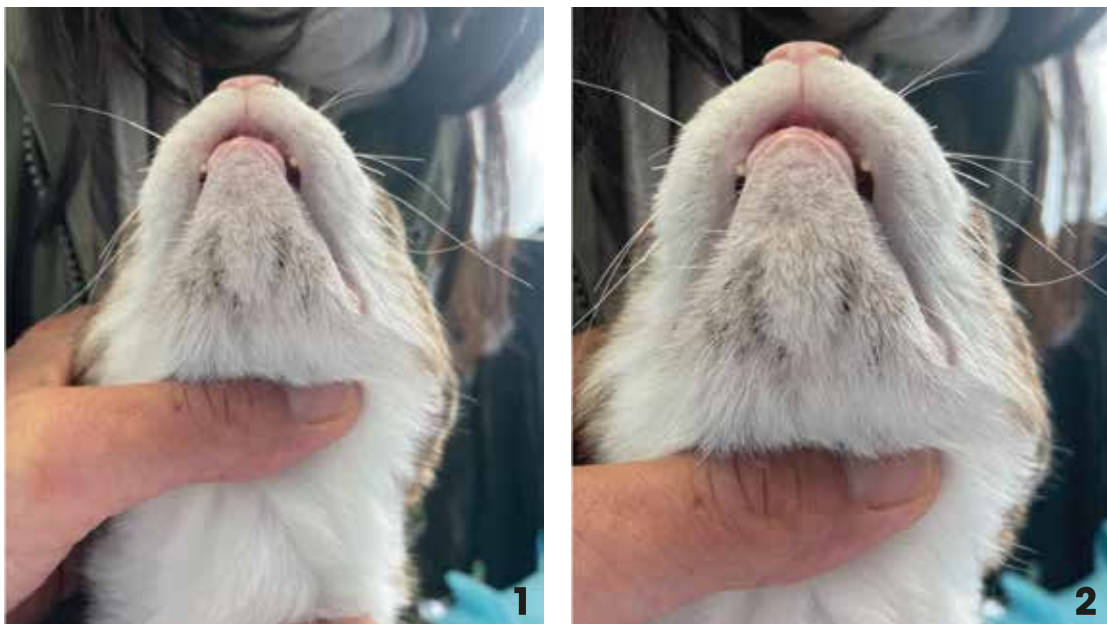


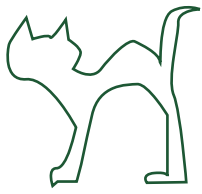
Photo 1: appearance of lesions upon inclusion (distant view)

Photo 2: closer view of photo 1: marked hypotrichosis and oily seborrheic coating

Diagnostic hypotheses include acne, demodicosis, bacterial pyoderma, *Malassezia* dermatitis and feline eosinophilic granuloma complex lesions.

Scrapings show no parasites. Cytology using a colored tape test shows abundant *Malassezia pachydermatis*, moderate amounts of cocci considered non-pathological, and an absence of granulocytes.

The diagnosis is that of chin acne, evolving in a possible allergic context.



Treatment

After discussion with the owner, biopsies are not accepted and a local treatment is recommended with the daily application of PYOclean® Wipes (Dermoscent® Nextmune, Castres) for their purifying, moisturizing and regulating effect.

Evolution

After a week's treatment, a clear improvement is reported, with an approximate 50% reduction in seborrheic lesions and scales (photo 3). VAScat is 4/10. Application of the wipes is described as easy, with both cat and owner particularly appreciating their size and scent.

One week later, the lesions have almost completely disappeared, and the hair is beginning to grow back (photo 4). Pruritus is virtually absent and considered very low (VAScat of 2/10). Thereafter, weekly applications are recommended to prevent relapses.



3



4



5

Photo 3: D7 good lesion reduction

Photo 4: D14 disappearance of lesions, beginning of hair regrowth

Photo 5: D28

Conclusion

This case provides a good illustration of the characteristics of feline acne. It is probably a disorder of keratinization, rapidly complicated by bacterial and fungal superinfections (2,3). Initial lesions consist of comedones and seborrheic casts, giving the injured area a "dirty" appearance. Diagnosis is essentially clinical (2,3). Ideally, treatment should be started early to limit the need for antimicrobials. The use of wipes is particularly useful in this location. Products with an antiseptic and regulating effect, non-irritating and with good moisturizing properties should be chosen.

References

- 1- Colombo S. et al. Development and validation of an owner assessed visual analog scale for feline pruritus severity scoring (VAScat) Vet Dermatol 2022 ; 33 : 407-413
- 2- Bensignor E. et al. Guide pratique de dermatologie du chien et du chat. MedCom Paris, 2014 ; 352 p.
- 3- Jazic E. et al. An evaluation of the clinical, cytological, infectious and histopathological features of feline acne. Vet Dermatol 2006 ; 17 : 134-40.