

Clinical Article

A CASE OF ERYTHEMA MULTIFORME MINOR IN A DOG

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Abstract: A eight year old miniature Pomeranian was presented with erythematous lesions on the ventral abdomen, pinnae and on few areas of the dorsum lasting since 2 days. Examination by routine procedures like hair pluck and tape impression smears revealed no abnormalities. Based on the acute onset of the disease and gross lesions observed, diagnosis of erythema multiforme minor was made and it was treated with prednisolone. Repeated detailed probing into the anamnesis revealed that the condition occurred due to feeding of expired commercial pet food unknowingly and the lesions appeared after feeding for 5 days. Hence the commercial pet food was stopped immediately and home made diet alone was advised. However, the dog continued to receive prednisolone at tapering doses for 4 days with full recovery. No recurrence was noticed during the observatory period of 3 months even after the reintroduction of same commercial pet food carrying valid period of expiry.

Keywords: Commercial pet food, Erythema multiforme minor, Pomeranian, Prednisolone.

INTRODUCTION

Erythema multiforme (EM) is an acute self-limiting eruption of the skin and mucous membranes characterized by distinctive target shaped lesions, with an erythematous central area surrounded by an area of clearing (Fritsch and Elias, 1993). It is a rare skin disease of humans and animals (Scott et al., 2001). EM has been sub-classified into major and minor forms. EM minor is mild, with an acute onset of the typical target lesions, with no or slight mucosal involvement and absence of systemic symptoms. Canine EM minor usually manifests as slight cutaneous changes, like peripherally raised focal erythema, without symptoms, that are often hidden by hair. Therefore, many of these cases may have been overlooked by owners and veterinarians. That might be one of the reasons why the occurrence of EM minor in dogs is much less frequently diagnosed than that in humans. The present case report presents a case of erythema multiforme minor in a dog which received a commercial pet food that got expired few days back, but unnoticed by the owner.

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CASE HISTORY AND OBSERVATIONS

A eight year old female miniature Pomeranian weighing 5 kg was presented to the Veterinary College hospital, Tirupati with the history of erythematous lesions on the ventral abdomen, few areas on the dorsum and ear pinnae since 2 days. The owner initially treated the dog with an oral antibiotic syrup (Cefpodoximine proxetil). But as new lesions started appearing widely, it was then brought to the hospital. Exploration of dietary habits revealed that every day the pet is fed twice with home made diet and a commercial canine diet once. The dog had no history of any recent drug administration or change of the diet before the onset of present symptoms.

At the time of presentation, the dog was active with good appetite and normal rectal temperature (102⁰F). Erythematic, apruritic, non alopecic and unpainful lesions were present over the ventral abdomen (Fig.1) and ear pinnae. Few lesions over the dorsum had crusts and both the ears were erythematic. No other abnormalities were noticed on physical examination. Hair pluck and tape impression smears were negative.

TREATMENT AND DISCUSSION

Based on the sudden appearance of unpainful erythematous lesions associated with undetectable infectious agents, the condition was diagnosed as erythematous multiforme. This was further classified as EM minor as the dog was afebrile, the lesional area involved was less than 50% without mucosal involvement. It was stated that the lesions as described in the present case, with no involvement of mucosal surface and epidermal detachment in less than 10% of the body surface can be treated as EM minor (Miller et al., 2013).

Initiation of antibiotic therapy by the owner himself could not only subside the lesions but spread further as the symptoms were not of infectious origin. Similar observation was also made by Itoh et al., (2006) who reported non response to oral antibiotics in a dog with erythema multiforme. In the present case, upon presentation at the hospital as allergic reaction was suspected with no observable trigger, it was treated with prednisolone (0.5 mg/kg body weight) intramuscularly. Scott and Miller (1999) stated that idiopathic EM cases can be successfully treated with prednisolone. The next day upon detailed probing, owner reported that the commercial pet food that has been routinely used for feeding the dog got expired 8 days back but was being fed as it was unnoticed. The symptoms appeared after feeding the expired commercial pet food for 5 days. So, the owner was advised to immediately withdraw the expired commercial pet food and opt for feeding of exclusive home made diet. Besides, administration of the prednisolone was continued with gradual

tapering until 4th day. Following therapy, the dog had markedly reduced erythema over the ears and ventral abdomen by 3rd day and complete recovery by 5th day (Fig.2) which was evident by complete clearance of the erythema.

During the period of follow up, it was noticed that owner reintroduced a fresh (same brand) commercial pet food after 2 months, with no recurrence of any symptoms. Hence, it can be attributed that the present condition was due to feeding of commercial pet food that got expired and the owner observed erythematous lesions after unknowingly feeding after the labelled date of expiry. However, absence of recurrence of the lesions after reintroduction of same commercial pet food suggests that the dog is not allergic to commercial food and the need of importance of adhering to the recommendations of manufacturer strictly regarding expiry date.

CONCLUSION

A 8 year old Pomeranian developed EM (minor) after unknowingly being fed with (one meal/day) expired commercial pet food. The condition was cured with tapering doses of prednisolone (4 days), immediate withdrawal of expired food and feeding only home made diet. Reintroduction of valid commercial pet food after 2 months was well tolerated by the pet for an observatory period of 3 months.

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LIST OF FIGURES

Fig.1 Presence of erythematous lesions on the ventral abdomen before therapy of EM minor



Fig.2 Disappearance of erythematous lesions after the therapy of EM minor