

## Case Study—March 2013

Taj is a beautiful 5 and 1/2 year old male neutered Staffordshire Bull Terrier.

He has always been a healthy dog, and unlike so many other pets on the Sunshine Coast who suffer with itchy skin from allergies year-in-year-out, Taj has never had skin problems in the past. Just recently, his mum noticed his skin was a bit red and he had a small graze on the top of his nose. The following day he was a bit restless and itchy all over, but when he woke up covered in sores, his mum was very concerned and brought him in to see the veterinarian.

On examination, there were red, hairless, swollen, scabby sores all over his body, but especially on his legs, face and under his chest area. Some of them were infected and weeping, and sore to touch. Taj was miserable. Taj is an only child, and had no access to cats or other dogs with skin sores. He does however like laying in the cool soil under the ginger plants in the garden, a common place for picking up soil fungus (ringworm).

The skin only has a limited number of ways of reacting to lots of different diseases. His skin lesions could have been caused by a whole variety of things, including hives from an ant or spider bite, severe bacterial pyoderma, auto-immune conditions like drug reactions and lupus, demodex mite mange, and fungal (ringworm) lesions. They can all look exactly the same but the treatment for each varies considerably. The lesions were aggressive and painful, and ringworm is contagious to people, so a diagnosis had to be reached quickly to allow prompt treatment.



The sores were examined with a UV light in the dark (50% of ringworm infections will fluoresce), and hairs were plucked and examined under the microscope for fungal spores (50% of the time we can see spores). Unfortunately, neither of these tests were positive, and it would take 10 days to diagnose ringworm on a fungal culture. Mites were not seen on skin scrapes, but bacteria were seen.

To expedite the diagnosis, Taj's mum agreed to having skin biopsies done. Local anaesthetic was used to surgically collect 2 small punch biopsies, and these were sent to an external laboratory for a histopathologist to examine. Taj couldn't wait for the

results before starting treatment, so an antihistamine injection was given, anti-inflammatory/pain killers were started, and he began antibiotics for the bacterial infection and anti-fungal tablets for suspected ringworm. The medication would be adjusted depending on the histopathology.

Three days later, it was confirmed...Taj had generalised

dermatophytosis (fungal ringworm lesions all over him) with secondary bacterial infection. Fortunately, his medication had already begun to improve his skin lesions, and he was feeling much better.

Once his sutures were removed, Taj was bathed in an antifungal shampoo called Malaseb. Three weeks on his hair was already growing back, but trying to stop him laying in the dirt is near impossible. His parents will continue to wash him regularly in Malaseb to reduce the likelihood of the ringworm infection occurring again.



