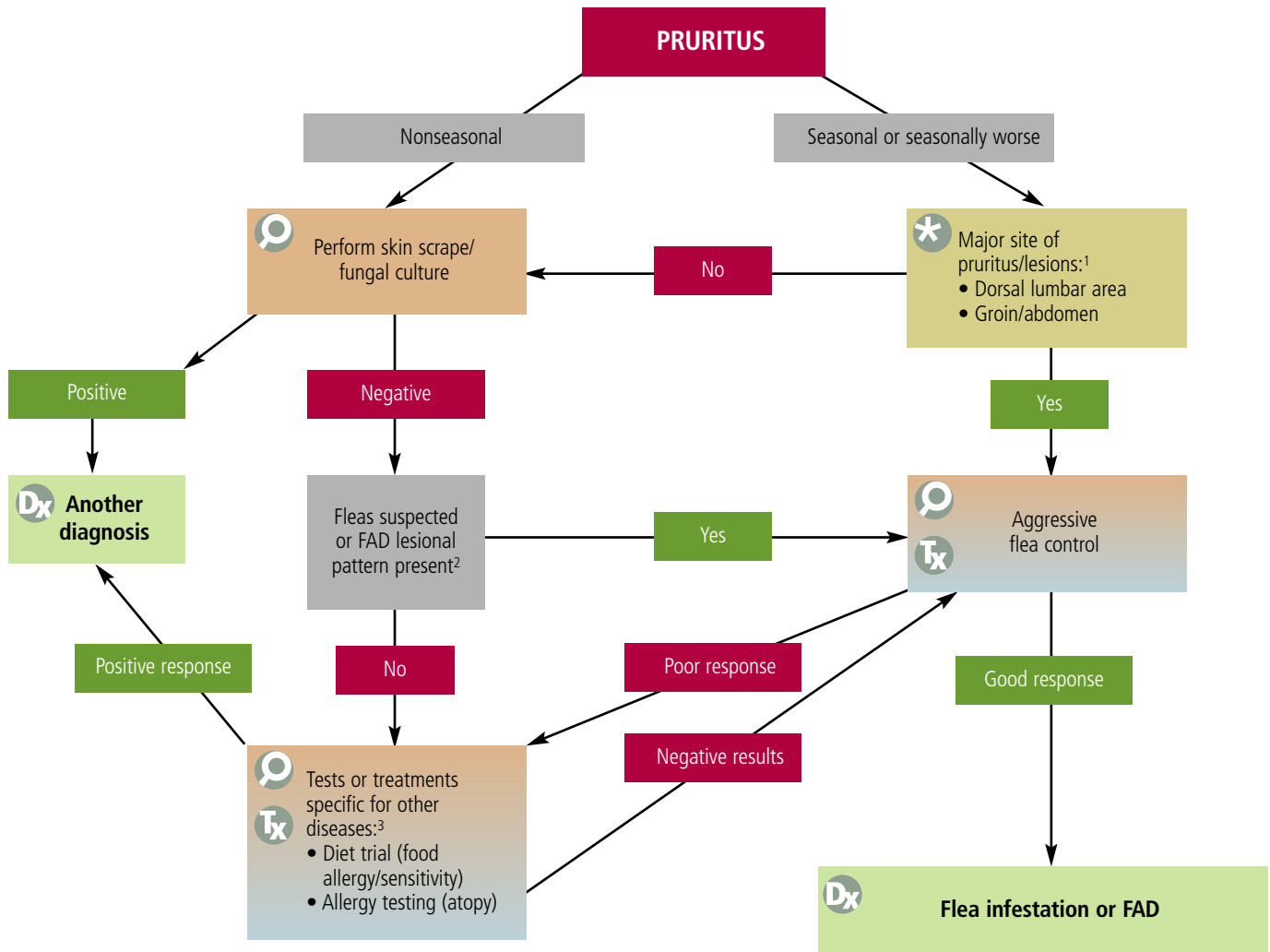


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Canine Flea Allergy Dermatitis*



*By definition flea allergy dermatitis involves pruritus. Flea infestation may not refer to obvious presence of fleas but suggests that the dog may be reacting to a limited amount of flea exposure. The level of flea exposure may contribute to pruritus because of effects on the allergic or pruritic threshold and summation of effects. Flea control allows the amount of flea exposure to become low enough that clinical signs resolve.

FAD = flea allergy dermatitis

1. FAD affects the dorsal lumbar area in over 70% of cases; the other main site of disease is the groin/abdomen. Although these areas may be affected by other pruritic diseases, these distributions are considered the pattern of FAD. In any pruritic dog with this pattern, aggressive flea control can be instituted at any time to see if there is a favorable response, which supports the diagnosis. No diagnostic test is 100% accurate in identifying FAD.
2. A diagnosis of another disease does not rule out concurrent FAD. If, however, the response to a specific treatment is good; then the role of concurrent FAD is secondary, so aggressive flea control may not be required.
3. Aggressive flea control is needed in some flea-allergic dogs as even a small number of fleabites may be enough to stimulate disease. This means the number of fleabites needs to be as near 0 as possible. No monthly flea product prevents fleabites if a treated animal contracts fleas; thus, aggressive flea control means using repellents frequently enough to prevent bites (permethrin applied to the whole body more than weekly) or fast-killing systemic products, such as nitenpyram Q 48 H or spinosad Q 30 D. The alternative is to keep the animal confined to a known flea-free environment, that is, inside a house where all household pets have been on monthly flea products that kill 100% of adult fleas within 24 hours or prevent egg production/egg survival with an effective insect-growth regulator.

Dx Diagnosis	Tx Treatment
I Investigation	* Result