New Trick for GDV Patients

A retrospective study examined records of 61 dogs that underwent incisional gastropexy (IG) prophylactically (n = 27) to prevent gastric dilatation–volvulus (GDV) or following gastric derotation (n = 34) after GDV. Previously reported risk for GDV recurrence following gastropexy was <5%, but type of gastropexy was not standardized. Prophylactic gastropexy has also been reported to reduce mortality 29× compared with dogs not receiving gastropexy. This study supported the conclusion that gastropexy is efficacious in preventing GDV recurrence. Whether IG is a simpler technique than those that involve muscle dissection or tube use or those that present increased risk for pneumothorax or rib fracture was evaluated. Postoperative complications potentially related to IG were mild and self-limiting, including regurgitation, inappetence, and GI upset. Authors confirmed IG efficacy to be equivalent to efficacy for belt-loop gastropexy and superior to circumcostal gastropexy and gastrocolopexy. This study provided the longest follow-up data and largest dog population to confirm efficacy of IG in the prevention of GDV recurrence.

Commentary

Performing gastropexy at GDV presentation is essential to prevent recurrence, and there are many techniques available. Logically, the best technique is one that is simple, quick, effective, and associated with minimal complications. Many surgeons would agree that IG is among the most expedient repairs. Because the force required to cause GDV is unknown, the significance of other techniques potentially accepting more force before failure is undetermined. This study indicated that IG has minimal complications and no documented recurrence, thus concluding that IG is user-friendly, extremely effective, and rivals the belt-loop repair for GDV prevention.—*Kristy Broaddus, DVM, MS, DACVS*

Source

Efficacy of incisional gastropexy for prevention of GDV in dogs. Benitez ME, Schmiedt CW, Radlinsky MG, Cornell KK. *JAAHA* 49:185-189, 2013.

Options for Squamous Cell Carcinoma

Squamous cell carcinoma (SCC) should be considered a differential for any cutaneous lesion, particularly nonhealing scabbing lesions on the eyelids, nasal planum, or ears of light-colored cats. This study reported that SCC accounts for 15% of skin tumors and most malignant oral tumors in cats. The most common cause of cutaneous SCC is chronic exposure to ultraviolet (UV) light, particularly UVB radiation, and SCC is seen almost exclusively on the head. White cats or cats with white areas are at greatest risk. Lesions often appear as reddened, nonhealing scabby craters. Diagnosis is best achieved via punch or excisional biopsy of multiple abnormal sites. Treatment options for solar-induced SCC depend largely on the site affected and the lesion extent. Staging is based on invasion depth and lesion size. Staging the primary lesion is particularly important for nasal planum tumors as it directly impacts success. Surgical excision

is the most successful treatment for lesions of the pinnae, eyelids, and invasive SCC of the nasal planum; cosmetic outcome is the major limitation. Cryosurgery is an option for superficial tumors, and orthovoltage, megavoltage, and proton beam irradiation have been used for nasal planum SCC. Beta radiation can be used successfully for superficial SCC lesions; major advantages are local normal tissue sparing and repeatability. Photodynamic therapy has also been used for superficial lesions of the nasal planum.

Commentary

Feline cutaneous SCC, a problematic disease presentation, can vary so widely that it is difficult to directly compare different treatment modalities and impossible to offer blanket statements about the best therapy. This is a fair summary of the disease, its workup, available treatments, and published results. The author made the wise decision to confine discussion to published therapies, although doing so can occasionally leave out some potential treatment options, such as strontium brachytherapy for bowenoid carcinoma.—*Suzanne Shelly Waltman, DVM, DACVIM (Oncology)*

Source

Cutaneous squamous cell carcinoma in the cat: Current understanding and treatment approaches. Murphy S. *J Feline Med Surg* 15:401-407, 2013.

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