Potential Adjuvant Treatment for Canine Ischemic Dermatopathy

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In the Literature

Levy BJ, Linder KE, Olivery T. The role of oclacitinib in the management of ischaemic dermatopathy in four dogs. *Vet Dermatol.* 2019;30(3):201-e63.

FROM THE PAGE ...

Ischemic dermatopathy is composed of a heterogenous group of vasculopathic syndromes with indistinguishable clinical and histopathologic appearances. The underlying pathology for any of the syndromes in this heterogenous group is a process by which immunologic damage is directed against vessel walls. Ischemic dermatopathy appears clinically as alopecia with crusting and postinflammatory hyperpigmentation or depigmentation. In more advanced cases, erosions and ulcers are present, particularly over bony prominences. Treatment is variably successful and has traditionally included pentoxifylline and vitamin E ± immunosuppressive therapy (eg, corticosteroids, modified cyclosporine).

This article describes 4 cases of canine ischemic dermatopathy; all dogs were <1 year of age, and diagnosis was made based on signalment, clinical presentation, and/or histopathologic changes. Three of the 4 dogs were littermates, and skin biopsies were performed on only 1 of these 3 dogs.

One dog required daily prednisolone (initial dose, 2.4 mg/kg every 24 hours) despite concurrent treatment with modified cyclosporine (5 mg/kg every 24 hours). In this patient, the cyclosporine dose was progressively increased (≤13 mg/kg every 24 hours) for over a year, with only poor clinical improvement observed; cyclosporine was then replaced with mycophenolate mofetil (16 mg/kg every 12 hours). Although clinical improvement was observed with mycophenolate mofetil, severe diarrhea developed. Mycophenolate mofetil was discontinued for 14 days then reinstituted at a lower dose; however, diarrhea reoccurred. Treatment was modified to include prednisolone (0.4 mg/kg every 24 hours) and oclacitinib (0.6 mg/kg every 12 hours), and disease was eventually well controlled with oclacitinib (0.5 mg/kg every 24 hours).

Cases 2, 3, and 4 were littermates that experienced disease control only when receiving modified cyclosporine (≤8.5 mg/kg every 24 hours) and prednisolone (≤0.8 mg/kg every 24 hours). Complete remission was achieved with administration of oclacitinib (0.5-0.7 mg/kg every 12 hours) and prednisolone (0.5-1 mg/kg every 24 hours) for 30 days. The prednisolone dose was tapered and eventually discontinued; lesions remained in complete or near full remission with monotherapy of oclacitinib (0.2 mg/kg every 24 hours in 1 dog, 0.4-0.6 mg/kg every 12 hours in 2 dogs).

... TO YOUR PATIENTS

Key pearls to put into practice:

1. Canine ischemic dermatopathy—except for vaccine-associated ischemic dermatopathy—is either genetic (eg, dermatomyositis) or idiopathic in origin.
2. Initial therapy with immunosuppressive doses of prednisolone with or without concurrent immunosuppressive agents (eg, modified cyclosporine, mycophenolate mofetil) is typically required for treating generalized ischemic dermatopathy.
3. Monotherapy with oclacitinib may be another treatment option for dogs affected by ischemic dermatopathy.