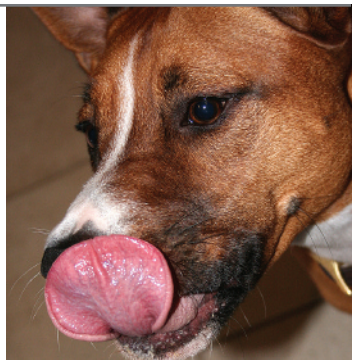
Excessive Surface Licking = Potential GI Pathology

Some dogs lick surfaces with more frequency or intensity than is required for exploration. This behavior is called *excessive licking of surfaces* (ELS), thought to be the consequence of several conditions. This prospective study characterized ELS behavior in dogs and examined whether underlying GI pathology may have been the cause of the ELS behavior as opposed to a primary behavioral problem. Seventeen ELS dogs participated in the study and 10 healthy dogs were controls. Behavioral, physical, and neurological examinations were performed before a complete evaluation of the GI system that included laboratory testing, ultrasonography, endoscopy, and histopathologic evaluation of GI tissue samples. Behavior was also evaluated with a questionnaire. Fourteen ELS dogs were diagnosed with GI disease, and specific treatment was recommended accordingly. If no specific disorder was diagnosed, a nonspecific treatment was recommended (eg, elimination diet, antacid, antiemetic). Response to treatment was evaluated at 30, 60, and 90 days after onset. Licking behavior was also recorded during this period. Significant improvement in frequency and duration of the ELS behavior was observed in 10/17 dogs; resolution occurred in 9/17 dogs. Based on this study, dogs with ELS should be evaluated for GI disorders.

Commentary

How pets feel physically and how they act are often directly related; for example, a dog that may be in pain may have a lower threshold for aggression. Pets presented with behavior issues need a thorough physical examination and baseline laboratory work to rule out medical issues before addressing behavior. With the information provided in this report, I will be more inclined to offer my ELS patients the "GI extravaganza" as part of their examination.—*Sandra Sawchuk, DVM, MS*



Source

Gastrointestinal disorders in dogs with excessive licking of surfaces. Bécuwe-Bonnet V, Bélanger MC, Frank D, et al. *J VET BEHAV* 7:194-204, 2012.

Antiviral FIV Therapy?

Chemokine receptors, common to both FIV and HIV, are essential for infecting cells. In vitro studies using bicyclams have shown inhibition of FIV replication. In this 6-week placebo-controlled, double-blinded clinical trial, the CXCR4 antagonist plerixafor was evaluated alone or in combination with adefovir. Forty naturally infected cats with FIV were randomly assigned (n = 10) to 1 of 4 groups: placebo only, adefovir and placebo, plerixafor and placebo, or adefovir and plerixafor. Signs, laboratory parameters, proviral and viral load, and cell counts were monitored.

At the study's end, all cats were alive, and signs had improved in all groups. There was a significant improvement in stomatitis scores for cats receiving plerixafor and adefovir or plerixafor alone compared with placebo. No significant changes in CD4:CD8 ratios or viral load were found, nor evidence of FIV resistance to plerixafor. There was a significant difference in proviral load between placebo- and plerixafor-treated cats (decrease) and between cats receiving plerixafor and adefovir (relative increase) and just plerixafor. A decrease in RBC count and hematocrit was noted in cats treated with adefovir alone or in combination with plerixafor. These results suggested a role for plerixafor in FIV treatment, although it is not recommended in conjunction with adefovir.

Commentary

Few FIV management medications have successfully decreased viral replication in naturally occurring infection and increased quality of life without adverse effects. Zidovudine has been documented to decrease viral load but can result in significant anemia. Fozivudine can decrease experimentally infected viral load without causing anemia, but the effect in naturally occurring infection is unknown.[1] This study showed that plerixafor only had a mild reduction in FIV viral load. It is unknown if this reduction results in improved signs when given long term. The standard of care for FIV management remains preventing infections, documenting infections, and providing aggressive antimicrobial therapy. Antiviral drugs remain second- or third-tier therapy, as research did not show a significant improvement in disease outcome.—*J.D. Foster, VMD*

Source

Efficacy and adverse effects of the antiviral compound plerixafor in feline immunodeficiency virus-infected cats. Hartmann K, Stengel C, Klein D, et al. *J Vet Intern Med* 26:483-490, 2012.

1. **Fozivudine tidoxil as single-agent therapy decreases plasma and cell-associated viremia during acute feline immunodeficiency virus infection.** Fogle JE, Tompkins WA, Campbell B, et al. *J Vet Intern Med* 25:413–418, 2011.

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