Treating Feline Diabetes: Veterinarians' Choice

New insulins combined with low-carbohydrate, high-protein (LCHP) diets have been suggested to increase the likelihood of achieving diabetic remission or reversion to a noninsulin-dependent state in cats. A survey was conducted to gain perspective from primary practitioners (n = 90) regarding management of (and new strategies for) feline diabetics. A mean of 74% of treated feline diabetics required chronic insulin; 26% were considered transient diabetics, defined as reversion to normoglycemia without exogenous insulin administration for >2 weeks. Insulin choice was most influenced by duration of action, expert opinion, experience with the type of insulin, reliability of insulin availability, cost of insulin and needles, and species origin of insulin. Human recombinant protamine zinc insulin (PZI) was ranked first (42%), glargine second (27%), neutral protamine Hagedorn third (17%), and porcine zinc insulin fourth (14%). Dietary management was recommended by 97% of respondents, with prescription or proprietary LCHP diets recommended by 93% of respondents. Dietary change was more likely to be recommended by recent graduates, those working in larger practices, and those who saw more transient diabetics. The most popular method for assessing glycemic control was in-house blood glucose curves (BGCs); at-home BGCs were least popular. Owners mishandling insulin was cited as the most common reason for poor glycemic control; clinical signs of acromegaly were rarely recognized.

Commentary

This survey demonstrated a discrepancy in preference of insulin and dietary recommendations between recent graduates and those who have been in practice longer; recent graduates were more likely to use glargine insulin and recommend dietary changes to improve glycemic control in diabetic cats, 2 aspects of management that have been shown to increase the rate of remission. This discrepancy illustrated the need for veterinarians to expand their knowledge base through CE opportunities. *—Jennifer Ginn, DVM, DACVIM*

Source

A survey of southeastern United States veterinarians' preferences for managing cats with diabetes mellitus. Smith JR, Vrono Z, Rapoport GS, et al. *J FELINE MED SURG* 14:716-722, 2012.

Goodbye Tumor, Hello Skin Graft

Primary closure of skin defects after removal of a tumor from the distal limb is often not possible, particularly with large tumors and wide lateral margins. Immediate skin grafting could provide a single-stage alternative to second-intention healing and other wound reconstruction techniques. Medical records of 7 dogs that received full-thickness, mesh, free skin grafts of the distal limb immediately following tumor removal were reviewed. Resection came from the antebrachium (n = 6) or tarso–metatarsal area (n = 1). When possible, surgical wounds were reduced by advancing skin edges together at the proximal and distal ends.

The prepared full-thickness, mesh graft was placed on the recipient bed, and its edges and recipient site were apposed with a simple interrupted pattern. Systemic and topical antibiotics were administered and nonadherent dressings and protective bandages applied. Patients were cage-confined in-hospital, then discharged with instructions for confinement. Frequency of bandage changes depended on appearance of the graft and bandage. Protective bandages were removed when grafts regained similar appearance to surrounding skin and showed hair growth. Six of 7 grafts yielded good to excellent hair regrowth and cosmetic results, supporting free grafting as a reliable alternative to reconstructive surgery or second-intention healing.

Commentary

This technique's overall success rate is 90%–100%; the disadvantage is the time (ie, 3–5 days) needed to establish a healthy granulation bed. With a nonsurgical, traumatic wound, this waiting period is often necessary for a clean, healthy site; however, with tumor removal requiring wide margins, this can be inefficient (time factor) and costly (bandaging supplies). Minimal loose skin on the distal limb makes it amenable to grafting. The single-stage technique described here provided good results and concrete evidence that mesh grafts can flourish on clean surgical wounds over tendons, ligaments, and muscles of distal extremities. Wisely, the authors stressed strict confinement and sedated bandage changes for the best results.*—Kristy Broaddus, DVM, MS, DACVS*

Source

Free skin grafts for immediate wound coverage following tumour resection from the canine distal limb. Tong T, Simpson DJ. *J SMALL ANIM PRACT* 53:520-525, 2012.