Pemphigus Foliaceous

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Pemphigus foliaceous is a fairly common autoimmune disease that affects many species, including dogs and cats. The disease affects middle aged to older animals. There is no sex predilection. Dogs may develop large pustules, erosions and crusts on the face (particularly concave aspect of the pinnae, periocular region and nasal planum), pawpads and/or trunk. Pruritus may or may not be present.

Pemphigus foliaceous in cats is characterized by crusting on the pinnae, face, and/or nail beds. Caseous debris may also be present around the nails. Pruritus is usually not present.

A direct impression smear from under a moist crust or a pustule will reveal numerous non-degenerate neutrophils, acantholytic keratinocytes and sometimes eosinophils. Bacteria may be present, but there are generally many more neutrophils than are present in the typical pyoderma. Trichophyton mentagrophytes and rarely, severe pyoderma can also cause keratinocyte acantholysis. A skin biopsy will diagnose the disease. A pustule and/or a tightly adhered crust are the best lesions to punch biopsy. The clinician should request that the pathologist use special stains to look for fungal elements. A fungal culture could be considered as well.

The pustules that characterize pyoderma are generally much smaller compared to the panfollicuar and sometimes coalescing pustules that characterize pemphigus. Trichophyton mentagrophytes and severe pyoderma should also be considered.

Complications include fever, weight loss, lethargy and anorexia in pets that have widespread lesions. Concurrent dermatophytosis and secondary pyoderma may also be present.

Topical flea and tick products that contain amitraz have been associated with pemphigus-like disease. The first step in treatment should be to discontinue amitraz-containing flea/tick preventatives. Immunosuppressive therapy should then be started. Glucocorticoids are generally effective, but often need to be combined with azathioprine. Glucocorticoids can also be combined with cyclosporine, chlorambucil or tetracycline/niacinamide.

Prognosis is guarded for pets that do not respond to or cannot tolerate initial therapy with glucocorticoids. Prognosis is good for pets that respond easily to therapy and that can be controlled with low doses of medication.