

Acral Lick Dermatitis Case Review

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Acral Lick Dermatitis, or more commonly called “Lick Granuloma”, is a condition that occurs most often in dogs. The etiology of this condition many times is unknown. It is thought that it can be a behavioral response to boredom in which the dog might start licking a spot on its body, usually the foreleg. The repetitive licking of this localized area combined with the abrasiveness of the dog’s tongue causes alopecia, erythematous, inflamed lesion to form. The inflammation leads to more itching and consequently more and more licking.

At first, it may just be a moist erythematous lesion, perhaps confused with a hot spot. However, over a short period of time, it can develop into a much more involved lesion comprised of excessive granulation tissue and possibly compromised with a staph infection. Historically, these lesions are difficult to manage.



(Figure 1) December 6th. Brought to the animal hospital, diagnosed with a “hot spot”

Many times bitter gels are applied to deter licking and chewing of the lesion. Often bandages are used to cover the lesion and prevent further licking. Also, quite often, “homemade” remedies incorporating a steroid and/or antibiotic are applied with the hope of healing the lesion. Recently, a new commercial formulation of Lidocaine, MicroSilver BG™ and Ceramide III had been used on one such lesion with considerable success.

This is the story of Jake. He is a 110lb 4 year old intact male yellow Labrador retriever. Jake was brought to an animal hospital with what was diagnosed as a “hot spot” on his right foreleg (Figure 1). More likely, however, Jake had induced a “lick granuloma.” He was prescribed 500mg Cephalexin and an unknown steroid. The only topical product used was BioCalm™ Spray containing MicroSilver BG produced by VetBiotek. An Elizabethan collar was placed on Jake as well to prevent him from further irritating the lesion.



(Figure 2) December 9th. Morning and evening application of BioCalm Spray

After three days, the lesion appeared to be responding well (Figure 2). Jake’s owner was impressed with the quick progress. Three days later, Jake was able to get out of his collar when his owner was away and he traumatized the lesion significantly (Figure 3). The collar was placed back on, however; from this point on (December 12) no



(Figure 3) December 12th. Relapsed, knocked off collar

further antibiotics or steroids were given. The BioCalm Spray used twice a day, morning and evening, was the only therapy along with the Elizabethan collar.

After two weeks, the lesion improved significantly (Figure 4) with even hair growth coming back. At this point, Christmas Day, the owner voluntarily took the Elizabethan collar off Jake. She continued to spray the lesion twice a day. The lesion continued to improve. Figure 5 is one week after the collar was removed and Figure 6 depicts three more weeks after that. On January 14th, the lesion was virtually completely healed.



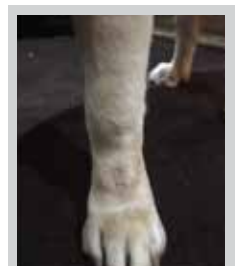
(Figure 4) December 25th. Collar was taken off

Although avoidance, keeping Jake away from the lesion with the Elizabethan collar on for two weeks, played a significant role in allowing this lesion to heal; it is thought that the lidocaine, MicroSilver BG, and Ceramide III containing spray contributed significantly to the successful healing of what is often considered a very difficult lesion to manage.



(Figure 5) January 5th

In summary, over the course of just four weeks with a BID application of BioCalm Spray, the lesion in figure 3 responded favorably to produce the result shown in figure 6. Over this same four week period an Elizabethan collar was used for only the first two weeks. ■



(Figure 6) January 14th