

Hot Spots and Wet Cots

How to prevent skin lesions and resolve nighttime accidents

When you live with and care for a dog, you naturally have questions about his health, well-being, and preventive care. Dr. Kevin Fitzgerald has answers.

Q What are hot spots, what causes them, and what can I do to treat them?

“Hot spots” is an unfortunate term, since skin lesions in dogs can result from a variety of causes, but the number-one condition underlying the majority of hot spot-resembling areas is canine atopy. Atopy in dogs is a hypersensitive reaction to environmental allergens inhaled by or absorbed through the skin of genetically predisposed individuals. Onset can begin anywhere from as early as 6 months of age to 6 years old. For most

truly atopic dogs, the signs first appear between 1 and 3 years of age.

The first signs are redness of the skin (erythema) and itching (pruritus), which can be seasonal or non-seasonal, depending on the particular allergen. Distribution of the scratching typically involves the feet, flanks, groin, armpits, face, ears, and the area around the anus. Self-trauma due to recurrent itching often results in secondary skin lesions (or “hot spots”), including salivary staining of the hair, hair loss, scales, crusts, sores, hyperpigmentation, and thickened skin. Secondary infection from surface skin bacteria, fungal infections, and chronic ear infections are common.

Chronic lick lesions (lick granulomas), recurrent secondary bacterial infections, manic foot licking and chewing, and swollen eyelids can also be seen. Conditions that look similar but are due to other causes are food allergies, fungal

If you have a question for Dr. Fitzgerald to answer in this column, e-mail it to us at AskTheVet@akc.org.

infection, fleabite hypersensitivity, ringworm, and parasitic lesions, such as the scabies mite and the mite responsible for “walking dandruff.”

Seasonal foot licking is the most common and typical sign of atopy seen by veterinar-

ians and owners. If year-round allergens—such as dust mites—are present, the licking behavior may be nonseasonal.

For diagnosis, skin biopsies are notoriously inconclusive. Intradermal allergy testing can be frustratingly variable, but



ILLUSTRATION BY WENDY WAHMAN

positive reaction to some grasses, certain weeds, pollen, molds, insects, dander, or particular indoor environmental allergens can be helpful.

Treatment involves management of any secondary infection. Treating ear infections with medicated baths and sprays (those containing oatmeal, antihistamines, and steroids) may provide some relief. Bathing every seven days can aid in washing off pollens and soothing skin infections. Systemic antihistamine therapy may help.

When antihistamines are used with an essential fatty-acid supplement, there seems to be a synergistic effect and can be beneficial. Systemic glucocorticoids (steroids) are often effective in 75 percent of affected dogs but if used long-term, these can have adverse side effects. Combination drugs of antihistamine used in conjunction with steroids can reduce the amount of steroid needed. Treating the household for dust mites may help matters.

Cyclosporine (Atopica) helps control pruritus in nearly 75 percent of treated dogs. Most atopic dogs require long-term (if not lifelong) treatment. Cyclosporine lacks the side effects of steroids but is expensive, particularly for large dogs. Allergy vaccines have shown promise in treating atopic dogs.

The best long-term options for treatment of canine atopy are avoidance of allergens, the use of cyclosporine, and better drugs and allergy vaccines on the horizon. Since

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there is a strong genetic component to canine allergies, dogs showing severe signs of atopic dermatitis should not be considered for breeding. Your veterinarian can help you and your dog with this condition and may refer you to a board-certified veterinary dermatologist.

Q My 2-year-old female Yorkshire Terrier will sometimes have accidents in her sleep. What is going on?

Urine leakage in spayed dogs while sleeping or lying down is a commonly seen problem. It was previously called hormone-responsive or estrogen-responsive incontinence. Typically, this occurs in approximately 20 percent of dogs spayed between their first and second heat, on average three years after the procedure. In dogs spayed before their first heat, one study showed the incidence of urinary incontinence to be 9.7 percent. But females spayed before 3 months of age have been shown to have twice the risk of displaying urinary incontinence before 6 years of age compared with females spayed after 6 months of age.

Though some dogs have a bladder issue with this form of urinary incontinence following spaying, the main mechanism is low urethral closure pressure. Therefore, the bed-wetting syndrome of spayed females is now known as "primary sphincter mechanism incompetence." Urethral closure pressure has been demonstrated to decrease within 12 to 18 months following spaying, and it is speculated that this pressure continues to decline as the animal ages.

This problem can occur in any breed of dog (or mixed-breeds), but it's a more common phenomenon in large dogs over 25 pounds. Dogs over 25 pounds have been shown to be four times as likely to develop urinary problems post-spaying than dogs under 25 pounds.

Female dogs with urine leakage generally do not show signs of lower urinary tract distress (increased urgency, increased frequency, straining, pain on urination, or blood in the urine), and laboratory tests such as blood work and urinalysis usually come back normal.

Traditionally, phenylpropanolamine

(Propalin and Proin) was prescribed as the initial treatment for restoration of urinary continence in dogs. This drug promotes urethral tone, and nearly all affected dogs have some improvement after initial treatment. However, phenylpropanolamine should not be given to dogs with underlying kidney disease, cardiac problems, or high blood pressure.

Estrogens are also an effective therapy and can be given less frequently than phenylpropanolamine. Diethylstilbestrol is usually the estrogen given, but recently a drug called Premarin (conjugated estrogens from pregnant mare urine) has been licensed in the United States for use in incontinent female dogs. Like phenylpropanolamine, estrogens do have side effects. But if used at appropriate dosages, these can be minimized.

Urethral bulking agents can be an effective treatment, but they are expensive, require general anesthesia, and do not have a long duration of effects. The use of submucosal urethral injection and surgical implantation of a urethral hydraulic occluder (an artificial urethral sphincter) may be options for dogs that have failed medical treatments. As always, your veterinarian can help counsel you as to which therapy is most appropriate for your dog. 🐾

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