

How I approach . . . chronic gingivitis/stomatitis/ pharyngitis in the cat

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KEY POINTS

- Chronic gingivitis and stomatitis probably have multiple causes (**Figure 1**).
- Many cases are idiopathic.
- Sometimes the conditions are self-limiting. Usually they can be controlled but often this requires extensive diagnostic tests and interventions – both dental and medical.
- When treating cases with dentistry good technique and the ability to perform dental radiography are necessary.
- Occasionally some cats appear to be refractory to treatment.

Approach to the case

- There is an association with periodontal disease.
- There is an association with viral infection especially feline immunodeficiency virus (FIV) and feline calicivirus.
- There is an association with tooth eruption.

The importance of presentation, signalment and clinical examination

Cats 3–9 months old may have disease associated with erupting permanent dentition and this may resolve spontaneously or with relatively little treatment.

Look for evidence of non-oral diseases that may be associated with oral pathology, especially FIV, chronic renal failure or dermatoses. Cats with obvious dental disease and gum disease (**Figure 2**) centred around the teeth are most likely to respond to dentistry.

Ideal work-up

- Blood tests for haematology, biochemistry and retrovirus titre.
- Dentistry, including radiography of tooth roots, extraction of teeth that have moderate/severe periodontitis, fractures or resorptive lesions. Trimming of gums to eliminate periodontal pockets. Ensure that all tooth roots are extracted.
- Oropharyngeal swab submitted in viral transport medium for feline calicivirus culture.
- Gum tissue should be collected, carefully flattened on to saline-moistened card and stored in formaldehyde. This is a low-yield diagnostic test but is crucial for some rare diseases (neoplasia or immune mediated). To save money the sample can be stored and sent for processing only if the cat does not respond to routine treatment.

Some cats may be kept in remission with home care

- Long course of antibiotics e.g. clindamycin, clavulanate-potentiated amoxycillin.
- Tooth brushing. If this is not possible then the prognosis for conservative treatment is poor.
- If the cat is positive for calicivirus or FIV then try the following:
 - long-term antibiotics
 - oral antiseptics
 - low-dose interferon (alpha interferon 30 IU PO q 12h (1)).

If the inflammation is centred around the teeth and the initial cleaning does not resolve the disease then:

- Remove teeth, either all premolars and molars or, if there is inflammation around the canines, all teeth. **NB.** The teeth should be atraumatically removed; the jaws should be radiographed after the extraction procedures to ensure that all roots have been removed. The gums should be sutured. Most cats will benefit from intravenous fluids and hospitalisation overnight. Excellent analgesia is essential.
- Antibiotics, as above, until the gums have completely healed. Usually 2–4 weeks.
- If, at this time, the disease is still present then start glucocorticoids (e.g. prednisolone 2–4 mg/kg PO, q 12h). Continue at this dose until the disease is in remission, then gradually reduce the dose over a few weeks until the lowest effective dose is reached.
- If the disease is not put into remission, or the dose of oral glucocorticoid cannot be reduced to a safe dose for the long term, then add to, or replace, the glucocorticoid with one of the following:
 - chlorambucil
 - aurothioglucose
 - injectable, depot glucocorticoid



Figure 1 (above) and **Figure 2** (below) Typical presentations of gingivitis, stomatitis and pharyngitis in cats

- lactoferrin
- novel single-protein source food trial
- essential fatty acids
- cyclophosphamide
- cyclosporin
- megestrol acetate.

- Euthanasia is sometimes necessary.
- **NB.** Many of these therapies carry a significant risk of side effects. Before prescribing them the veterinary surgeon should inform him/herself about the drug, the dosing and monitoring regimens and should obtain informed consent from the owner.



● FURTHER READING ●

Weiss, R. C., Cummins, J. M., Richards, A. B. Low-dose orally administered alpha interferon treatment for feline leukaemia virus infection. *Journal of the American Veterinary Medical Association* 1991; **199**: 1477–1481.

