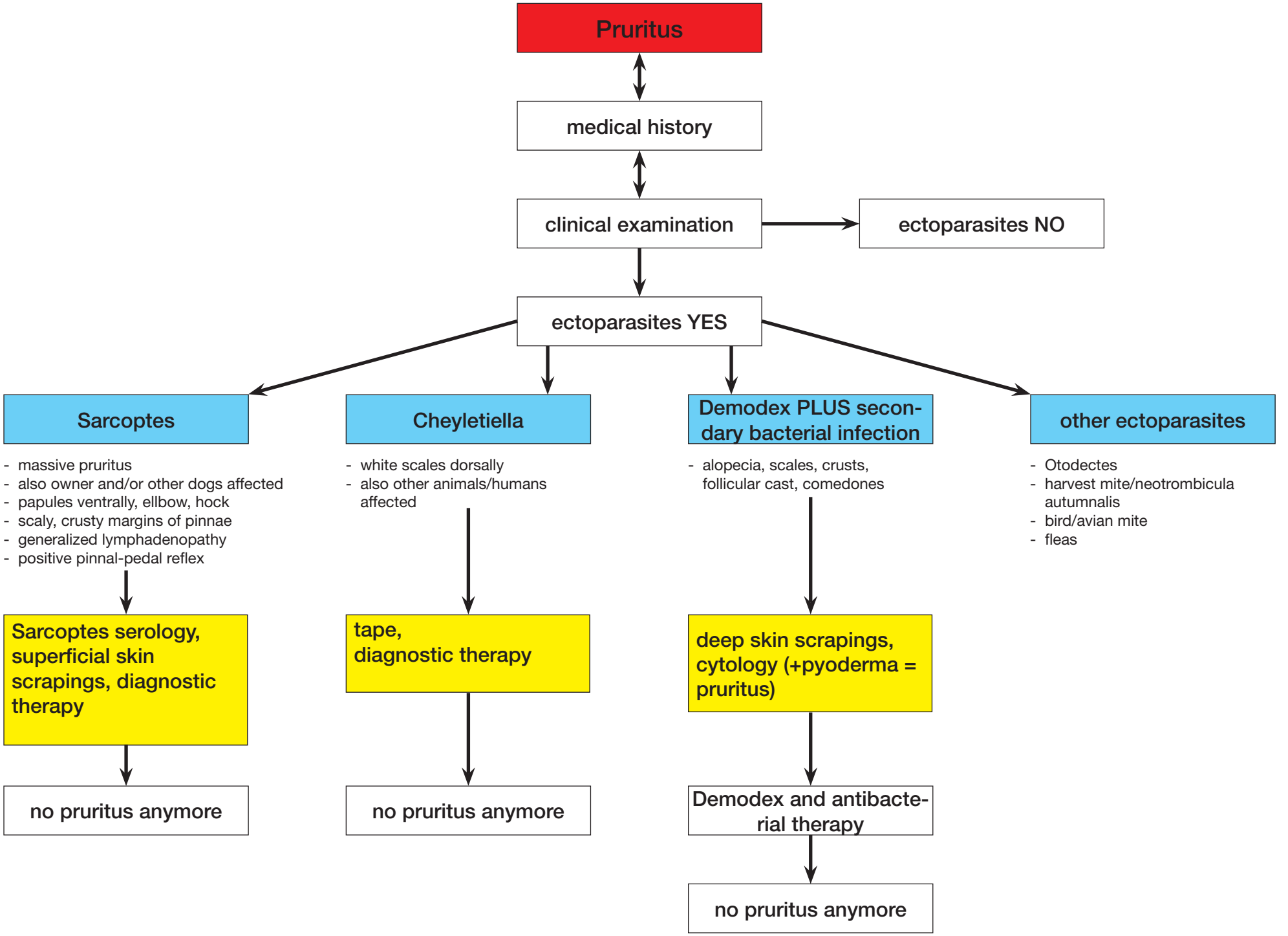
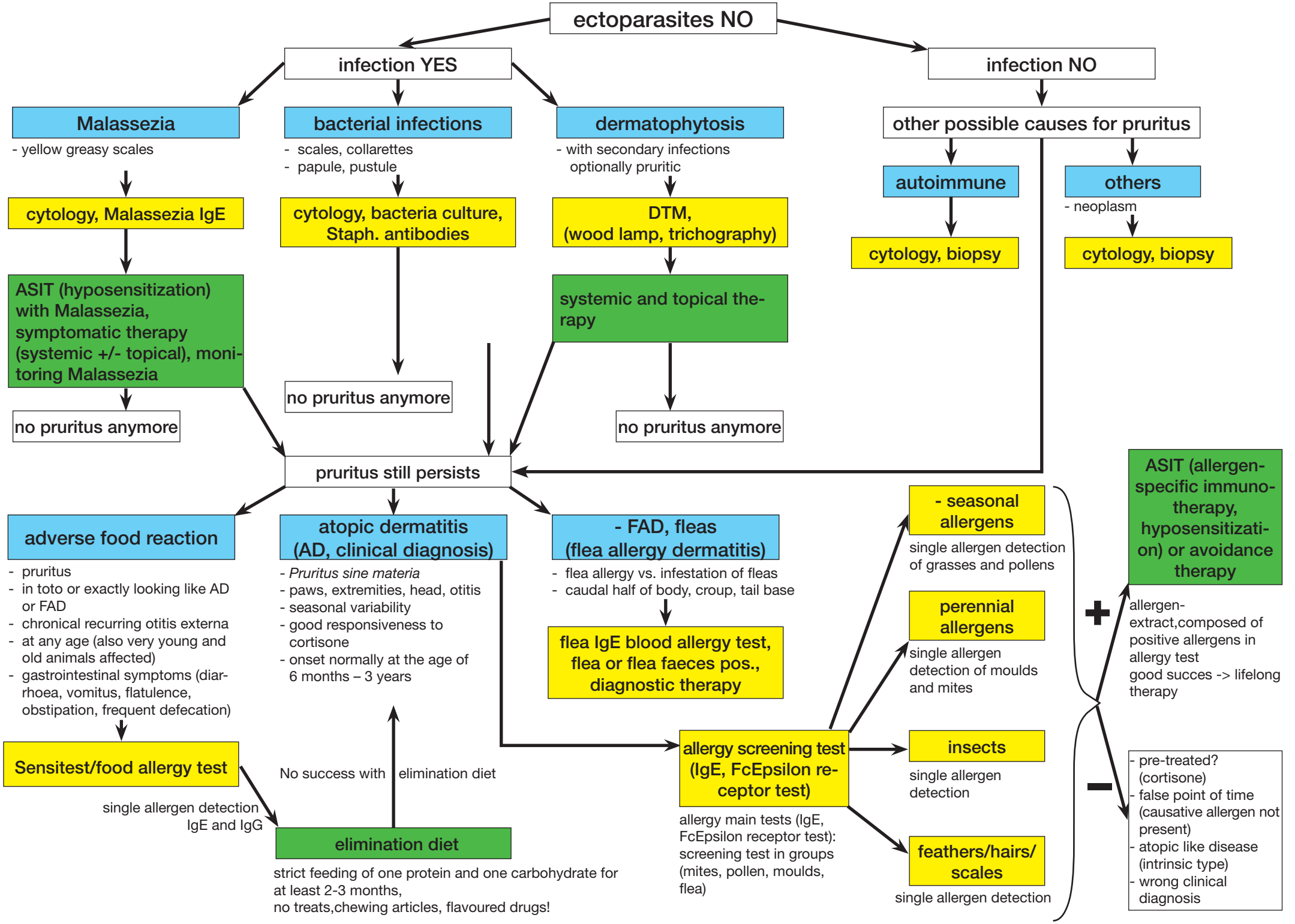

Pruritus
medical history
clinical examination
ectoparasites NO
ectoparasites YES
Sarcoptes
- massive pruritus
- also owner and/or other dogs affected
- papules ventrally, ellbow, hock
- scaly, crusty margins of pinnae
- generalized lymphadenopathy
- positive pinnal-pedal reflex
Sarcoptes serology, superficial skin scrapings, diagnostic therapy
no pruritus anymore
Cheyletiella
- white scales dorsally
- also other animals/humans affected
tape, diagnostic therapy
no pruritus anymore
Demodex PLUS secondary bacterial infection
- alopecia, scales, crusts, follicular cast, comedones
deep skin scrapings, cytology (+pyoderma = pruritus)
Demodex and antibacterial therapy
no pruritus anymore
other ectoparasites
- Otodectes
- harvest mite/neotrombicula autumnalis
- bird/avian mite
- fleas


ectoparasites NO
infection YES
infection NO
Malassezia
- yellow greasy scales
cytology, Malassezia IgE
ASIT (hyposensitization) with Malassezia, symptomatic therapy (systemic +/- topical), monitoring Malassezia
no pruritus anymore
bacterial infections
- scales, collarettes
- papule, pustule
cytology, bacteria culture, Staph. antibodies
no pruritus anymore
dermatophytosis
- with secondary infections optionally pruritic
DTM, (wood lamp, trichography)
systemic and topical therapy
no pruritus anymore
other possible causes for pruritus
autoimmune
cytology, biopsy
others
- neoplasm
cytology, biopsy
pruritus still persists
adverse food reaction
- pruritus
- in toto or exactly looking like AD or FAD
- chronical recurring otitis externa
- at any age (also very young and old animals affected)
- gastrointestinal symptoms (diarrhoea, vomitus, flatulence, obstipation, frequent defecation)
Sensitest/food allergy test
single allergen detection IgE and IgG
No success with
elimination diet
elimination diet
strict feeding of one protein and one carbohydrate for at least 2-3 months,
no treats,chewing articles, flavoured drugs!
atopic dermatitis (AD, clinical diagnosis)
- Pruritus sine materia
- paws, extremities, head, otitis
- seasonal variability
- good responsiveness to cortisone
- onset normally at the age of 6 months – 3 years
- FAD, fleas (flea allergy dermatitis)
- flea allergy vs. infestation of fleas
- caudal half of body, croup, tail base
flea IgE blood allergy test, flea or flea faeces pos., diagnostic therapy
allergy screening test (IgE, FcEpsilon receptor test)
allergy main tests (IgE, FcEpsilon receptor test): screening test in groups (mites, pollen, moulds, flea)
- seasonal allergens
single allergen detection of grasses and pollens
perennial allergens
single allergen detection of moulds and mites
insects
single allergen detection
feathers/hairs/scales
single allergen detection
+
ASIT (allergen-specific immunotherapy, hyposensitization) or avoidance therapy
allergen-extract,composed of positive allergens in allergy test
good succes -> lifelong therapy
–
- pre-treated? (cortisone)
- false point of time (causative allergen not present)
- atopic like disease (intrinsic type)
- wrong clinical diagnosis