Clinical Snapshot

> Particularly intriguing or difficult cases

Case Presentation #1

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A 3-year-old intact male Persian cat presented with chronic, greasy skin of the tail and an unkempt haircoat (A). Prior unsuccessful attempts to treat the cat included systemic antibiotics (cefdodoxime 6.25 mg/kg PO q24h for 14 days) and antibacterial shampoo (4% chlorhexidine every 14 days for 3 months). A 2 × 6–cm focal zone of seborrhea oleosa, yellow crusting, and alopecia affected the proximal third of the tail (B). Additional abnormalities included mild medial canthal entropion of the left eye and resultant obstruction of nasolacrimal tear drainage.

1. Given the history and clinical signs, what is the most likely cause of the lesion?
2. What ancillary tests should be performed?
3. What are the recommended treatment and the prognosis for this cat?

**See page 210 for answers and explanations.**
1. Feline tail gland hyperplasia (FTGH). The tail gland, or supracaudal gland, is a dense accumulation of sebaceous glands located on the dorsal surface of the tail in cats and dogs. Hyperplasia of the sebaceous glands and resultant sebum overproduction induces focal clinical signs that may include a greasy haircoat, hyperpigmentation, furunculosis, alopecia, and comedones in the region of the tail gland. FTGH, or stud tail, is a disease of young cats of either sex, altered or intact.

2. Skin cytology should be conducted to detect secondary bacterial pyoderma or Malassezia infection, which may complicate the disease. Dermatophyte culture and skin scrapings for Demodex spp are also warranted. Seborrheic dermatitis also necessitates the identification and strict control of fleas and other ectoparasites.

A variety of primary and secondary keratinization defects have characteristics that can mimic FTGH. Among these are generalized primary seborrhea, allergic dermatitis, neoplasia (carcinoma in situ or cutaneous lymphoma), and zoonotic infectious disease (pythiosis, phaeohyphomycosis). If the signs are not localized to the region of the tail gland, or if the initial workup fails to elucidate a cause, biopsy for histopathology and culture is indicated. Histopathology in cases of FTGH demonstrates the characteristic hyperplasia of regional sebaceous glands.

3. Treatment goals are to minimize the accumulation of seborrheic oil produced by the glands and to address secondary skin infections. The influence of androgens is poorly understood, and castration is unlikely to completely resolve the condition. The use of keratolytic and keratoplastic shampoos (e.g., sulfur 2% and salicylic acid 2% q36h for 4 weeks, then weekly) or degreasing agents (e.g., benzoyl peroxide 2.5% q36h for 4 weeks, then weekly) is recommended. Systemic antiseborrheic agents used in veterinary medicine include synthetic retinoids such as isotretinoin and etretinate. While these agents may have benefit in refractory cases, their use carries a greater risk of adverse effects. Clients should be prepared to invest time in regular grooming to minimize the largely cosmetic clinical signs of this disease. With attention to routine care, the prognosis for FTGH is favorable.