Surgical Management of Lick granuloma in a Boxer Dog

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Introduction

Lick granuloma or acral lick dermatitis or neurodermitis a common psychogenic dermatitis (Jubb et. al., 1993) characterized by deep-seated and slow-healing skin infection as a result of excessive, chronic licking (Vegad and Kathiyar, 2004) seen particularly in large and active breeds of Dogs. However, it can be seen irrespective of breed of canines whose causes are various. Many authors hold the view that this is a constitutional disease. However, psychological factors like anxiety, boredom and stress, hypothyroidism, local trauma, present fracture or painful bones and joints, neuropathies, presence of foreign bodies, neoplasia, fungal and bacterial infections, ectoparasites and other irritating etiology in and around the paw may cause this condition. Hence, medicinal treatment with antiseptics, antibiotics, antifungals, antihistaminics, antianxietics and cortisone injections has been undertaken with inconsistent results. In the present case there was no fracture and it was refractory to all the medicinal treatments. So, radical excision was attempted and became quite successful.

Case History and Clinical Observation

An eight year old male Boxer dog was presented in the Veterinary Dispensary, Kotpad with a history of non-healing wound on the lateral digit of his hind limb since last one year (Fig. 1). It was refractory to the previous medicinal treatments.

Treatment and Discussion

For identification of the underlying cause a number of tests like skin scraping, skin biopsy, fine needle aspiration, fungal and bacterial culture and radiography were undertaken but these could not provided any positive evidence which ruled out other conditions from lick granuloma. The dog was weighed to be 14kg. It was anaesthetized with a combination of 0.56 mg of atropine sulphate @ 0.04mg/kg body weight, 14 mg of xylazine hydrochloride @ 1mg/kg body weight and 140 mg of ketamine hydrochloride @ 10mg/kg body weight given intramuscularly. The growth was excised under aseptic precautions. Lateral digital artery was ligated using No. 1 chromic cat gut and the second phalanx of the lateral claw was disarticulated along with the bone as the distal end of the second phalanx was found to be included inside the growth (Fig. 2). The skin wound was closed using nylon and protective bandage was applied using micropore. An Elizabethan collar was applied to prevent further licking. Postoperatively cephalaxin @

Figure. 1 Presented clinical case with lick granuloma

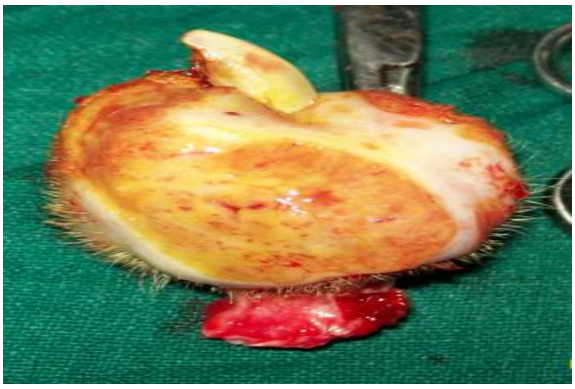

Figure. 2. Excised mass

250 mg was administerd orally for a period of 3 weeks. Local wound care was undertaken using Betnovate-GM (Miconazole nitrate 2%w/w, Betamethasone valerate 0.12%w/w, Gentamycin sulphate 0.1%w/w, Glaxo Smith Kline Pharmaceuticals Limited, Nashik, India.). The dog was kept on a balanced diet and supplemented with omega fatty acids. During the period of treatment the dog was given ample exercise and entertainment. Time inside the confinement was minimized. The animal recovered uneventfully and the skin suture was removed on the 12th day.

Conclusion

Proper diagnosis of lick granuloma is very difficult. Because the initiating factor is usually not identified and because there is such a strong habit that forms, treatment can also be very frustrating. If we approach the case in a logical way then we can be able to treat the case successfully. In this case surgical excision of the mass along with proper managemental and feeding practices made the treatment a great success.

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