

## **Acral Lick Granuloma; Client Information**

### **Overview;**

Acral Lick Dermatitis [Acral Lick Granuloma] is a firm, raised, ulcerative or thickened plaque that is usually located on the dorsal [top] side of the wrist, ankle, or paw.

### **Incidence;**

This occurs mostly in large breed dogs, especially Doberman pinschers, Labrador retrievers, great Danes, Irish and English setters, golden retrievers, Akitas, Dalmatians, shar-peis, and weimaraners.

### **Patient History;**

There is excessive licking and chewing of the affected area, and may be a history of trauma in that area, or limping. Lesions will often occur singly, although they may occur in more than one location.

### **Causes;**

There may be an underlying condition such as a bacterial infection, allergy, hormonal disease, mange [demodex or sarcoptes], fungal infection, foreign body reaction, cancer, arthritis, or a sensory nerve dysfunction. Psychological factors can also be present. Underlying diseases should be investigated before diagnosing a psychogenic skin problem. Laboratory testing will need to be performed to determine multiple predisposing factors. Allergic animals often have multiple lick granulomas and other areas of itchiness.

### **Testing;**

Skin tests;

1. Examine for fleas [or treat empirically]
2. Skin scraping to check for mites and yeast [or treat if symptoms suggest]
3. Fungal culture ["Ringworm" is contagious to people]
4. Bacterial culture and sensitivity [usually best done on a biopsy tissue sample]
5. Biopsy

Blood and urine tests;

1. CBC/ Biochemistry and urinalysis should be normal except in the case of some hormonal conditions
2. Low thyroid levels, elevated TSH suggest hypothyroidism
3. ACTH stimulation test or Low Dose Dexamethasone Suppression tests are needed to diagnose Hyperadrenocorticism [Cushing's disease]
4. Xrays may be needed to diagnose a cancer, trauma, or arthritis

Food elimination diet

Intradermal allergy testing

Behavioural history

### **Treatment;**

1. These are difficult to treat, especially if no underlying cause is found. Patience and time are necessary.
2. Affected animals must get plenty of attention and exercise.
3. Counterconditioning may be helpful. A behaviour expert is needed for instruction in this.
4. Physical restraints such as Elizabethan collars and bandaging are helpful for short-term use.
5. Removal of the lesion [ablation with laser therapy] has been proposed, but efficacy is still unknown. Surgery should not be considered unless all other therapies have been exhausted. It will often cause increased licking and attention to the affected area, resulting in poor wound closure if underlying causes are not addressed. Recurrence is likely.
6. Dietary changes will need to be tried if allergy is suspected.

**Medications;**

1. Antibiotic choice is best based on bacterial culture and sensitivity. Give antibiotic until the infection is completely resolved, which is at least 6 weeks, but may be many months. Additional workup will be necessary if they don't respond to treatment. Sometimes a short period of antibiotic is dispensed with an Elizabethan collar, and then the dog is rechecked in 2 weeks before the antibiotic runs out. If there is improvement, another 30 days of antibiotics is sent home, and again the dog is rechecked before the antibiotic runs out. If the lesion is re-exacerbated, then further testing is performed.
2. Antihistamines such as hydroxyzine or chlorpheniramine may reduce the itchiness.
3. Psychotropic drugs may be helpful. Fluoxetine, naltrexone, amitriptyline, and clomipramine have all been used. These drugs must be administered carefully.
4. Topical medications in combinations [such as flunixin meglumine, fluocinolone and DMSO], or bactroban, benzoyl peroxide, and capsaicin products have been popular additions to therapy. Topical medications should be applied with gloves. Animals should be kept from licking the area for 10 to 15 minutes after applying these medications.
5. Corticosteroid injected in the lesion has been tried but not found consistently helpful

**Follow-up;**

1. Watch the level of licking and chewing closely.
2. Treat any underlying disease to prevent recurrence.
3. If no underlying disease is detected, suspect psychogenic causes [obsessive-compulsive or self-mutilation disorder]. The prognosis is guarded for these.
4. Toxicity of some of the drugs used is possible. Monitor the pet closely.