Oral presentations

Clinical outcomes in 59 dogs with a history of non-resolving *Malassezia* otitis treated at a referral veterinary hospital

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OBJECTIVES

To report medical management, treatment outcomes and frequency of concurrent otitis media, in dogs referred for *Malassezia* otitis unresponsive to primary care.

METHODS

Retrospective case series of 59 dogs having undergone a CT scan, otoscopy and ear flush, with *Malassezia* otitis externa (OE) or externa and media (OM), identified from electronic patient records within a referral dermatology

clinic between 2007 and 2018. Resolution rate, time to resolution and treatment interventions were analysed. *Malassezia* infection was considered resolved based on clinician judgement typically including cytological absence of microbes. Ears without resolution of infection documented by the last recorded visit were treatment failures.

RESULTS

59 dogs contributed 83 diseased ears to the study. Median age was 4.9 years (9m–12y) and median duration of infection was 7 months (2m–2y) at presentation. 14 affected ears (17%) had concurrent otitis media. Treatment included oral glucocorticoids in 48 (81%) dogs prior to an initial video-otoscope guided ear flush intervention. Infection resolved in 63 (91%) OE ears, and 9/14 OM ears; median time to resolution was 27 days for OE and 49 days for OM. Presence of neutrophils in aural discharge and prior duration of infection did not affect treatment outcomes.

STATEMENT (CONCLUSIONS)

These findings assist clinicians and carers of affected dogs in their decision-making, by documenting that most cases of canine *Malassezia* otitis not resolving with standard primary care can be treated successfully with an intense medical treatment plan. Furthermore, concurrent otitis media should be suspected to occur in around a fifth of affected ears.

Clinical performance and tolerance of a combination of Ophytrium- and Seboliance-containing shampoo and mousse applications in seborrheic dogs

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OBJECTIVES

Dogs are prone to develop greasy seborrhea in numerous skin conditions. Skin and hair care in such dogs can be difficult and lead to poor compliance. The objective of this study was to evaluate the performance and tolerance of a combination of Ophytrium- and Seboliance-containing shampoo and mousse applications in seborrheic dogs.

METHODS

Eighteen dogs with idiopathic chronic seborrhea were enrolled in a prospective, controlled study. Six dogs were washed with plain water on day (D)0. Twelve dogs were shampooed on D0 and received mousse applications on D2, 4, 7, 9, 11, 14, 16 and 18 (0.5 pump or 1 pump per kg in shorthaired or longhaired dogs, respectively). Clinical score (CS) was assessed on D0, 7, 14 and 24, based on malodor, scaling, seborrhea, haircoat quality and extension, each scored on a 0–3 scale (maximal score 15).

RESULTS

Both formulations were very well tolerated by all treated dogs. At baseline, there was no difference between the CS of both groups and no significant difference in CS was observed throughout the study in the control group. A significant reduction of CS was observed in the test

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group compared to D0 from D7 (–53%) reaching the lowest score at D24 (–91%), $p < 0.05$.

STATEMENT (CONCLUSIONS)

The combination of Ophytrium- and Seboliance-containing shampoo and subsequent mousse every

48–72 hours can be recommended as a convenient protocol to improve hair coat quality in seborrheic dogs, from the first week, with a maximal improvement on D24 and no side effects.

Resistance of canine *Staphylococcus pseudintermedius* to selected topical and systemic antimicrobials in the UK

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OBJECTIVES

Canine methicillin resistant *Staphylococcus pseudintermedius* (MRSP) is a growing concern due to the wide range of infections this bacterial strain causes. Carriage of the *mecA* gene and penicillin binding protein 2A causes resistance to beta-lactam antimicrobials. This project aimed to (1) investigate phenotypic oxacillin (methicillin) resistance based on CLSI breakpoints compared to EUCAST breakpoints, (2) investigate the carriage of the *mecA* gene using PCR analysis, (3) compare the carriage of these genes to phenotypic oxacillin resistance using both published breakpoints, (4) compare the presence of

mecA gene (gold-standard) for the detection of MRSP with two different selective agars.

METHODS

PCR analysis was used to identify the presence of MRSP and MSSP isolates, followed by further PCR analysis to identify the carriage of the *mecA* gene. These isolates underwent susceptibility testing using BSAC/CLSI/EUCAST breakpoints and various antibiotics including oxacillin, then testing with two different selective agars. Selected isolates underwent PBP2a testing.

RESULTS

After PCR analysis, 56.73% isolates were identified as *mecA* positive. EUCAST breakpoints correctly identified 57.90% isolates as resistant and CLSI breakpoints correctly identified 47.95% of samples as resistant. Brilliance-MRSA-2 agar correctly identified 45.03% of isolates as positive and MSA-1%-oxacillin agar correctly identified 44.44% of isolates as positive. PBP2a correctly identified 33.33% of isolates as positive.

STATEMENT (CONCLUSIONS)

PCR analysis was confirmed as the gold-standard of testing. EUCAST breakpoints were the next most effective test, followed by CLSI breakpoints, Brilliance agar, MSA agar and PBP2a testing. These tests could be used as screening to decide which isolates need further analysis by PCR.

On the feasibility of remote diagnosis of canine dermatology conditions

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OBJECTIVES

To measure the extent to which veterinary professionals may be measurably compromised in their ability to issue accurate diagnoses of canine dermatology conditions on a digital device without being physically present with the patient.

METHODS

Three veterinary dermatology specialists from different parts of the country assessed their routine canine dermatology cases in-clinic (10 cases each), and took photographs of the affected area using smartphones. These photographs, along with signalment and clinical notes, were uploaded to an online database. Each specialist then diagnosed each other's cases online, blinded to the in-clinic diagnosis, choosing from a list of 58 skin conditions. The agreement between the definitive diagnosis issued in-clinic and the (up to three) differential diagnoses issued online was measured using Cohen's kappa statistic.

RESULTS

The agreement between the definitive diagnoses (in-clinic) and first-differential diagnoses (remote) was excellent, with kappa = 0.82. The extent to which the definitive diagnosis was contained in the list of up to three differential diagnoses – a measure of the remote