Epidermal collarettes. A big challenge!

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OBJECTIVES:

To present an uncommon skin lesion which was suspected as secondary to allergic skin disease.

Picture 1: diffuse oedema and erythema on the central body wall, extending from the sternum to the penis sheath.

RESULTS:

The dog had an unremarkable recovery and he was discharged with omeprazole and tranexamic acid. The histopathology finding with immunohistochemistry and the FNA revealed T-Cell non epitheliotropic lymphoma with possible infiltration of the larynx.

Picture 2: raised, erythematous and ovoid dermal lesion in between the eyes.

Picture 3: raised, erythematous and arciform lesion in the lumbar area.

Picture 4: thoracic x-Ray.

Picture 5. New raised and erythematous skin lesions in the left axillary area

MATERIALS AND METHODS:

- A 8 year dog male neutered was presented with epidermal collarettes(pic1-3) and it was dispensed prednisolone and cephalixin.
- He re-presented after a week with inappetence and restlessness and more skin lesions.(pic 5)
- Haematology and biochemistry were unremarkable. After IVFT, buprenorphine, paracetamol and robenacoxib, he was discharged the same day.
- He represented after 10 days with panting and bruising on venepuncture site. Repeated bloods revealed hyperlactatemia, increased CK while PT was decreased and aPTT was increased.
- Thoracic radiograph (pic 4) was unremarkable but abdominal ultrasound revealed free fluid and hyperechoic and thickened mesentery.
- Oral exam revealed the presence of a laryngeal mass and FNA of this was obtained. (pic-6)
- He was treated with IVFT and analgesia for 48 hours. Biopsies were taken from the current skin lesions for histology.

CONCLUSIONS:

Epidermal collarettes are very common in Veterinary Dermatology and are commonly treated with prednisolone and cephalixin. However, these typical skin lesions can be easily missed in general clinical practice and skin biopsies should be taken in some cases. The cutaneous lymphoma or mast cell tumor should be included in differential diagnosis and immunohistochemistry would be recommend to classify the origin. Laryngeal involvement by cutaneous lymphoma is a rare presentation described in humans but it has not been reported in dogs.

Pic 6. Laryngeal mass: consistent with lymphoma.