

A 7-year-old shorthaired spayed female cat was presented for evaluation of three nodules (< 0.4 cm) in the claw bed of both front limbs. Cytological examination (Giemsa stain) showed predominantly macrophages, which contained numerous small round bodies (2 to 4 µm in diameter), with an evident halo and yeast-like structures. Histopathological analysis (haematoxylin and eosin, PAS and GMS stain) showed lymphocytes, plasma cells and fibroblasts. Additionally, many macrophages had structures consistent with *H. capsulatum*. It was isolated in Sabouraud media plates and identified based on colony morphology.

The patient was treated with fluconazole for 6 weeks with complete clinical recovery. A year later, the cat began to lose weight significantly and show mydriasis. Additionally, small nodules (< 0.3 cm) were present in both upper eyelids and oral cavity. Histology and cytology revealed similar organisms as the previous year, and clinical relapse was suspected. Euthanasia was elected due to lack of response to treatment and progressive deterioration. In the literature, the dermal form of histoplasmosis has been considered infrequent. To the authors' knowledge this clinical presentation has not been reported yet. Especially in adult cats, this is an important differential of cutaneous nodules.

This study was self-funded.

Reliability of intradermal allergy tests in dogs with atopic dermatitis

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Intradermal testing (IDT) is considered the most reliable tool (the 'gold standard') by which to identify allergens for immunotherapy. Although IDT has been used in atopic dogs for decades, its reliability has never been reported. The purpose of this study was to evaluate the reliability of IDT by assessing repeatability (agreement of replicates) and reproducibility (agreement among multiple observers).

IDT was performed using allergenic extracts (Greer Laboratories, Lenoir, NC, USA) in 12 client-owned atopic dogs. Responses were graded using a semiquantitative scale from 0 to 4, where 0 represented responses equivalent to those induced by saline and four represented responses induced by histamine. For each test, 15 allergens were injected in duplicate, with the replicate being blinded. Repeatability was determined for each investigator by comparing the two scores for each of the replicated allergens. Reproducibility was determined by comparing the scores between pairs of investigators and then among all three for the 15 allergens that were blinded. Repeatability and reproducibility were assessed using Cohen's weighted kappa (Kw). The Fleiss-Nee-Landis extension of kappa for multiple raters evaluated the combined reproducibility of the three investigators.

The repeatability of IDT scoring was found to be 'fair' to 'moderate' with Kw values ranging from 0.34 to 0.56. Overall reproducibility was considered fair (0.27). The reproducibility for low scores (1, 2) was fair, but scores of '4' showed

very good reproducibility among the three investigators. We conclude that IDT appears less reliable than one would expect for a technique considered 'Gold Standard'.

This study was funded by Gulf Coast Veterinary Dermatology and Allergy.

Intense facial pruritus associated with *Demodex injai* infestation: a report of 10 cases

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Nine shih tzu dogs and one Scottish terrier presented with intense facial pruritus. *Demodex injai* was identified. No gender predilection was noted. The age of onset was 6 months to 6 years of age (median 2 years). Additional problems included a history of recurrent otitis (six of 10), pododermatitis (five of 10) and conjunctivitis (three of 10). Previous treatments included antimicrobials, antihistamines, glucocorticoids and topical moxidectin and imidacloprid (Advocate®). Two dogs were febrile and inappetent. Clinical signs included intense facial pruritus (10 of 10), erythema (10 of 10), alopecia (six of 10), scaling (four of 10) crusting (one of 10), papules (two of 10), seborrhoea oleosa (two of 10), swelling (one of 10), tear staining (one of 10), hyperpigmentation (two of 10) and hypopigmentation (one of 10). The lesions affected the periocular skin (seven of 10), chin (three of 10), muzzle (four of 10), ears (three of 10), lips (three of 10) and bridge of the nose (one of 10). Mites were identified on deep skin scraping under sedation and also on trichography in two cases. Mite numbers were typically scarce. Concurrent *Malassezia* and bacterial infections were common. In one case clinical signs and histological lesions consistent with pemphigus foliaceus were present. The dogs were treated with ivermectin (eight of 10) at a maximum dose of 0.6 mg/kg per day per os or milbemycin oxime (two of 10) at a dose of 1.57–2.2 mg/kg for periods of between 3 and 9 months. The median treatment duration to resolution of facial pruritus was 2 months and to parasitological cure 4 months. In six dogs treatment was withdrawn after clinical and parasitological cure. Two of the six dogs relapsed within 4 months. *Demodex injai* infestation should be considered a differential diagnosis for facial pruritus.

This study was self-funded.

Serological and intradermal test reactivity patterns among six species of house dust and storage mites

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Although the significance of dust mites as an important source for atopic dermatitis has been recognized, the