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## Sarcoptic mange in a Pomeranian dog: A case study

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### Abstract

A six month old female Pomeranian dog was presented to the department of veterinary clinical complex, veterinary college, Bidar with the history of severe itching and alopecia all over the body. Clinical examination revealed crusty lesions over the margins of the ear pinnae, alopathic patches over chest, ventral abdomen and mild crusty lesions with alopecia over elbow region. Deep skin scraping examination showed the presence of *Sarcoptes scabiei* var *canis* mite. The affected dog was treated with injection ivermectin @ 200 µg/kg BW S/C at weekly interval for five weeks along with supportive therapy. Five weeks post treatment skin scraping examination showed absence of mites and the dog recovered uneventfully.

**Keywords:** Pomeranian, *Sarcoptes scabiei* var *canis*, mange, skin scraping, ivermectin

### Introduction

Sarcoptic mange is a highly contagious, intensely pruritic and potentially zoonotic skin condition of animals (Miller *et al.*, 2013) [5]. It affects all warm blooded animals including human and is caused by different species of mites. In dogs, it is caused by *Sarcoptes scabiei* var. *canis* (Anita and Peter, 2008) [1] which burrows into its hosts epidermis and often called canine scabies. The parasite commonly affects young dogs and dogs with poor nutrition but can affect healthy dogs that are exposed to the mites (Reddy and Kumari, 2013) [6]. Activities of the mite cause marked irritation characterized by hyperkeratosis and intense itching and scratching on hard surfaces, resulting in partial to complete alopecia on medial aspects of the hind limbs, axillae, brisket and abdomen. Dry and encrusted lesions are typically found on ear margins, lateral hocks and elbows and ventrum of the dog in more severe cases. Thickened and wrinkled skin, with cracks and fissures with heavy dandruff may be evident on hairy areas covering the neck and abdominal region (Kemp *et al.*, 2002) [3]. Robert (2011) [8] stated that there are two clinical forms of mange in dogs; localized and generalized forms. The localized form occurs in dogs < 2 years while generalized form affects older dogs.

### Case history and Observation

A six month old female Pomeranian dog was presented to the department of veterinary clinical complex, veterinary college, Bidar with the history of severe itching and alopecia all over the body. It was developed over a period of one week. The animal was active, but reduced feed intake was noticed. On clinical examination, the animal was showing intense pruritis, crusty lesions over the margins of the ear pinnae (Fig. 1). Alopecic patches with erythema over chest, ventral abdomen and mild crusty lesions with alopecia over elbow region (Fig. 2) were also observed. The rectal temperature was 103°F, conjunctival mucus membranes were slightly congested.

### Diagnosis and Treatment

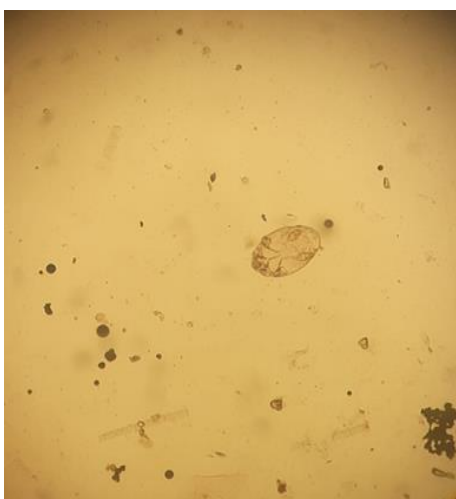
From the margins of ear pinnae and elbow regions scrapings were taken with a sterile scalpel blade dipped in liquid paraffin until blood oozes from dermal capillaries. Scrapings were boiled in potassium hydroxide (10%), after cooling the sample was centrifuged and the sediment was observed under microscope (10X) for the presence of mites. The parasite was identified according to its morphological characteristics cited by Soulsby (1986) [9]. Microscopic examination confirmed the presence of *Sarcoptes scabiei* var. *canis* (Fig. 3)



**Fig 1:** Crusty lesions over the margins of ear pinnae



**Fig 2:** Erythema with alopecia over chest and abdomen



**Fig 3:** *Sarcoptes scabiei* var *canis*

Dog was treated with injection of Ivermectin (NEOMECC®: 1% w/v, intas pharmaceuticals Ltd) @ 200 µg/kg body weight S/C, at weekly intervals for 5 weeks. Fipfort plus Spot on was applied from head to lumbar region along the vertebrae. Supportive therapy included administration of meloxicam @ 0.2 mg/kg BW, chlorpheniramine maleate @ 0.4 mg/kg BW. Follow up therapy included oral antibiotic Cefpodoxime proxetil @ 10mg/kg BW, Hydroxyzine @ 1 mg/kg BW for 7

days along with weekly bath of dog using the Permethrin shampoo was recommended.

### Results and Discussion

Skin lesions such as crusty lesions over the margins of the ear pinnae, erythematous alopathic patches over chest, ventral abdomen and mild crusty lesions with alopecia over elbow region over the body of dog were reasonable to prove the tentative diagnosis of mange. Diagnosis was confirmed by collecting deep skin scrapings from the periphery of the lesions and *Sarcoptes scabiei* var *canis* was identified. *Sarcoptes scabiei* var *canis* yield only from deep scrapping at the periphery of the alopecic areas because the mite burrows deep into the skin where it lays eggs, feed and suck the lymph. This finding was in agreement with observation of Chosidow (2006) [2]. Fipronil spray has been reported to be effective in treatment of mange but should be considered an aid in the control rather than a primary therapy (Uzuegbu, 2015) [10]. Ivermectin (200 ug/kg SC, 2 treatments 2 weeks apart) is very effective and usually curative (Robert, 2011) [8]. Ivermectin has exceptionally got potency against endo and ectoparasites at low doses (200 µg/kg) as well as having a large margin of safety (Lee and Preston, 1980) [4]. Use of antibiotics was followed to eliminate secondary bacterial infections which may have resulted from pruritus. The good therapeutic response to Ivermectin, Cefpodoxime and antihistamine therapy observed in this case was in accordance with the reports of Reddy *et al.* (2014) [7] and Robert (2011) [8].

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