FELINE GINGIVOSTOMATITIS

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Feline gingivostomatitis is one of the most frustrating problems that pet owners and veterinarians face. Over the years it has been known as lymphoplasmacytic gingivostomatitis (LPGS), lymphoplasmacytic stomatitis (LPS), Recurrent oral ulceration (ROU), chronic ulcerative gingivitis faucitis stomatitis (CUGFS). Unfortunately, when a syndrome is known by many names, this often means that we don’t understand it or cannot explain it. This is true for feline gingivostomatitis as well. There are possible associations with many factors, such as food allergies, Bartonella, feline viral diseases, systemic diseases such as diabetes, cancer and hyperadrenocorticism. There are also some generally recognized breed predilections, with Maine Coons, Somali, Burma and Abyssinian cats overrepresented in cases of stomatitis. Yet we still do not understand exactly what causes it, or how to treat it.

Other differential diagnoses that should be considered when suspecting gingivostomatitis include eosinophilic granulomas, chemical burns, food allergies, squamous cell carcinoma, uremic ulcers, electrical cord injury, and immune mediated diseases (pemphigus, lupus). In most cases, gingivostomatitis will be bilateral, and typically symmetrical. However, this is not always the case. Biopsy of the tissues is still recommended to identify the more unusual presentations of gingivostomatitis, and increase the chances of success with treatment.

On the other hand, culture of the mouth will be unrewarding. There are literally hundreds to thousands of types of bacteria that naturally live in the mouth. Culture will only identify those bacteria which also thrive in the laboratory, and not necessarily the ones that are related to the disease condition in the mouth.

Other laboratory tests that are recommended include routine biochemical testing (CBC, chemistries, thyroid profiles, urinalysis), and feline viral testing (FeLV, FIV). Other viral tests should be considered, such as FIP, Calcivirus, Herpesvirus, as well as Mycoplasma and Bartonella testing. Cats with gingivostomatitis have been shown to have positive correlation with Bartonella, but unfortunately, cats also test positive for Bartonella when they do not have gingivostomatitis. Therefore, Bartonella testing may yield useful information, however, it may not be a true association. If considering treatment for gingivostomatitis with immune suppressive medications, it is also recommended to test the cat for toxoplasma. This is not likely to be associated with gingivostomatitis, but it can be life threatening for the immune suppressed cat if they are infected.

If gingivostomatitis is identified in the very early stages, some cases can be managed or controlled by extremely strict plaque control. This includes a thorough and detailed dental cleaning, both above and below the gum line, as well as full mouth intraoral radiographic evaluation and removal of any teeth with periodontal compromise such as periodontal pocketing, gingival recession or tooth resorption. After the dental cleaning, the owner must use strict home care to maintain as close to a plaque free mouth as possible. This typically
includes daily or even twice daily tooth brushing, use of VOHC®-approved plaque control products or dental diets, and frequent anesthetized dental cleanings. However, in many of these cases, the cats are extremely painful, and even eating is difficult. This makes home care efforts for even the most dedicated cat owners difficult or even impossible.

In these cases, extractions have still been shown to have the best success rate of all treatment options. A retrospective study from 2014 by Jennings et al suggests that extractions offered either a clinical cure, or complete symptomatic relief in approximately 60% of cats. Approximately 26% of cats had slight improvement with extractions, but required extended medical management such as immune suppressive medications. An additional 6% of cats had no improvement at all from extractions. This is not quite as good as the most commonly cited previous study, by Hennet et al in 1997, that showed approximately 80% of cats had nearly complete symptomatic relief with extractions (60% of cats had a complete clinical cure with extractions, another 20% had significant improvement with only mild flare-ups), only 13% had some improvement but required long term medications, and approximately 7% of cats had no improvement at all. However, both studies offer strong improvements with extractions.

In most situations, it appears that the best chance of clinical success with extractions is to perform them early in the disease process. Because this seems like such a drastic surgery to many owners and veterinarians alike, the surgery is often placed as an option of last resort. Unfortunately, the longer surgery is postponed by using medications, supplements, alternative therapies and immune suppressive agents, the more chronic inflammation causes scar tissue formation in the mucosal tissues. This decreases the overall likelihood of success from surgery when it is performed, and causes the cat ongoing and needless suffering.

There are some medications and supplements that can be used at any time during the disease process. The most commonly used are fatty acid supplements, such as EFAC® or 1-TDC®, and Virbagen. These products work by immune modulation to help balance the immune system and decrease inflammation, without suppressing the immune system. L-lysine has also shown some benefit in patients with persistent oral inflammation.

True immune suppressive medications should only be used for cats that have had full mouth dental extractions, with confirmed complete extractions of every single tooth and tooth root by intraoral radiographs, and still have persistent inflammation and oral pain. These can include oral glucocorticoids such as prednisone or prednisolone, depo-glucocorticoids such as depomedrol, azathioprine, and cyclosporine. However, these medications should be used as minimally as possible, and again, should be limited until after complete extractions have confirmed clinically and radiographically.

Feline gingivostomatitis remains a frustrating enigma of oral pain, persistent inflammation, mucosal ulceration, halitosis, drooling and oral bleeding. With rapid and aggressive treatment, clinical comfort and a good quality of life can be achieved. Without prompt and decisive therapies, the cat will likely have ongoing discomfort, difficulty eating, and generally a poor quality of life. Hopefully a definitive cause will be identified in the future that allows us to better understand this condition and either treat it or prevent it from happening!

References available from the author