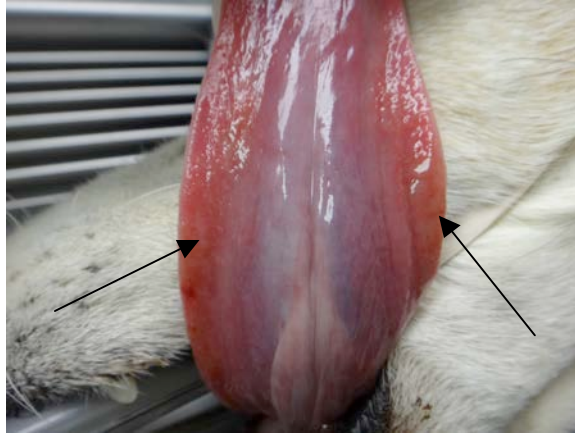
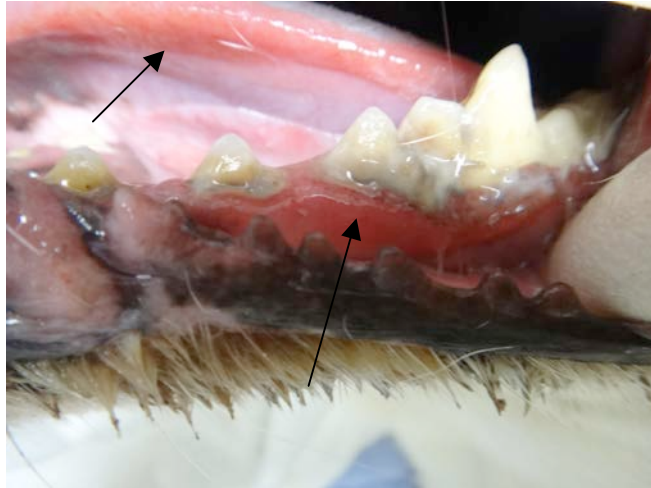


We have received a lot of calls and referrals lately for dogs with significant oral pain and ulceration, extreme halitosis and thick saliva. These dogs tend to be lethargic and inappetent. Ulceration around the tongue margins is a typical finding.



What would your next diagnostic step be? Any ideas about differential diagnosis?

(Go the website continuation of the article after this)



Did you say anesthetized oral exam and full mouth dental radiographs? That is exactly what we did after running pre-anesthetic bloodwork, which was within normal limits. The #1 differential diagnosis for this patient is

CHRONIC ULCERATIVE PARADENTAL STOMATITIS

which was confirmed by obtaining biopsies of the buccal mucosa and sending them for histopathology. I explain to clients that their pet is essentially allergic to their own plaque. These patients, much like with the feline form of stomatitis, have an inappropriate immune reaction to plaque bacteria. Performing full mouth dental radiographs and anesthetized oral examination will allow identification of teeth that may require extractions to eliminate pockets impossible for the client to maintain. Home dental care is aimed at frequent plaque removal. Initially, we initiate treatment with prednisone, tramadol and antibiotics to heal the ulcerations and allow for comfortable and successful teeth brushing. An average home dental care plan for these patients would involve twice daily teeth brushing, water additives, dental diet, weekly dental sealant application, dental chews and daily application of esterified fatty acid capsules to the gums and buccal mucosa. Without such aggressive home dental care, the patient may require extraction of all or most of the teeth. The frequency of anesthetized scaling and polishing is based upon the Orastrip scores obtained during dental rechecks every 4-6 weeks. During this time, the oral medications are tapered and reassessed. Some patients can eventually discontinue oral medications and others may need to remain on a low dose of prednisone or cyclosporine. With excellent home dental care and anesthetized dental scaling and polishing at the optimal intervals, these patients can do well long term and keep their teeth.