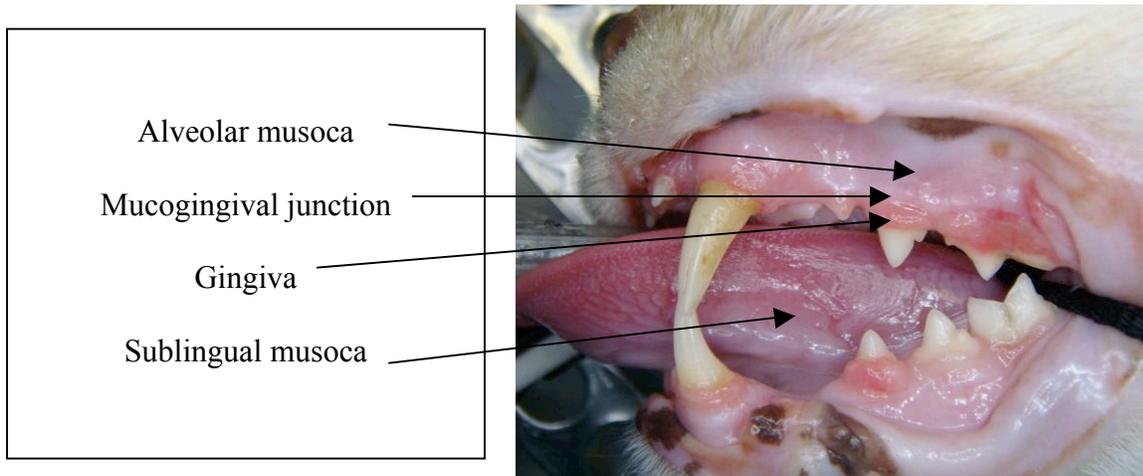


Feline Chronic Gingivostomatitis (FCGS) – Overdiagnosed, Undertreated



“Stomatitis” is defined as “inflammation of the mucous lining of any of the structures in the mouth; in clinical use the term should be reserved to describe wide-spread oral inflammation beyond gingivitis and periodontitis. It extends into the mucosal tissues and is known as mucositis. When it extends into the tissues of the lateral palatine folds, it may be termed caudal stomatitis. In other words, gingivitis and periodontitis do not constitute stomatitis unless they are part of a broader inflammation involving the mucosal tissues in the mouth.

Feline Chronic Gingivostomatitis Syndrome is frustrating and can be difficult to manage. Type 1 cases involve only alveolar and labial/buccal mucositis/stomatitis; and Type 2 cases include caudal mucositis/stomatitis (with or without alveolar and labial/buccal mucositis/stomatitis). Type 1 cases may be manageable where teeth can be maintained, while Type 2 cases tend to be less so.

FCGS can be thought of as an individual inappropriate immunological response from the cat to a variety of antigenic triggers. The trigger factors probably include *Pasteurella* species, plaque bacteria, and calicivirus. Factors that can complicate management due to their contribution to overall inflammation and/or immunomodulation are FIV, FeLV, and dietary antigens.

Diagnostics should go beyond a brief physical examination. They should include testing for Calicivirus, FeLV, and FIV. They should also include a blood biochemistry profile and CBC in light of future treatment options involving anesthesia and the use of pain relief. A full mouth examination under general anesthesia must include intraoral dental radiographs and periodontal charting. Good quality photographs also add the ability to make comparisons and gauge treatment success. A biopsy of inflamed tissues will rule out conditions such as Eosinophilic Granuloma of Squamous Cell Carcinoma. Careful harvesting technique avoids inaccurate results.

Currently there are no approved treatments specifically for this syndrome. Management practices come in three stages.

It is essential that concurrent tooth resorption, periodontitis and gingivitis be diagnosed and treated, or management of the stomatitis will not be successful.

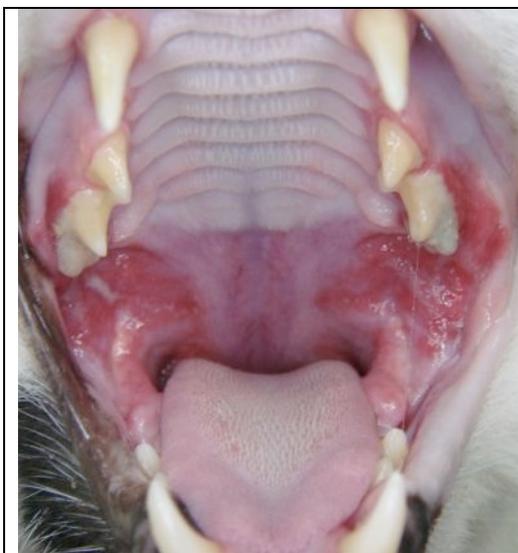
Stage 1: Complete Oral Health Assessment and Treatment (COHAT), intraoral radiographs are mandatory. Teeth affected by resorption or periodontitis must be extracted. Retained tooth root tips must be extracted. If the client is unwilling or unable to provide this care, extraction of all caudal teeth may be a more appropriate option. Antibiotics, steroids, NSAID, and pain medications are prescribed as indicated for “rescue therapy.”

Stage 2: When client cannot perform homecare, extraction of all teeth caudal to the canines may be helpful. The canines and incisors can be spared if: 1) The gingiva and bone are in perfect health. 2) The client is willing and able to brush the remaining teeth daily 3) The clients realize that COHATs of the remaining teeth will be necessary very 4 – 12 months and 4) The client accepts that many times the canines and incisors will need to be removed some time in the future. After this treatment, rescue therapy is provided again as appropriate. The option of local injection of Omega Interferon, followed by daily oral dosing of Interferon and of course, homecare. At this time early trials are showing promise with Omega Interferon, imported from Europe, does not have USDA approval and must be handled very carefully to maintain potency.

Stage 3: For those cats that still don’t respond, the next step is extraction of all teeth, local injection of Omega Interferon, followed by daily oral dosing.

Stage 4: For those cats that still don’t respond, long term antibiotic and steroid therapy is used to control. This treatment will need to be continuous and adapted to each patient’s condition.

Additional therapies that have worked on individual (but not all!) patients include: diet modification, azithromycin, cyclosporine, bovine lactoferrin, and vitamin supplementation.



Lateral palatine folds are severely inflamed



View from Left Side