

Clinical Management of Feline Chronic Gingivostomatitis

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Literature Review



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Journal of Feline Medicine and Surgery (2023) 25, 1-16

REVIEW

CLINICAL SPOTLIGHT
isfm
Featuring additional resources
for ISFM and AAEP members

FELINE CHRONIC GINGIVOSTOMATITIS Current concepts in clinical management

Maria Soltero-Rivera, Stephanie Goldschmidt and Boaz Arzi



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What is it?


- A chronic oral mucosal disease caused by an atypical patient immune response.
- Prevalence: 26% of feline population.
- Characterized by inflammation that crosses the mucogingival junction, can be erosive or proliferative in nature.

AKA: Lymphocytic Plasmocytic Stomatitis,
Caudal Mucositis

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Disease Characteristics

- Likely associate with chronic viral infection: Calicivirus infection
- Retroviral infection leads to poor response to therapy.
- More common in multi-cat households. Each additional cat in household increases risk by 70%.
- Increased oral microbiome diversity in cats with FCGS.
- Local disease most notable but has systemic sequelae as well.

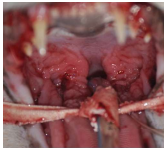


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Disease Management

Goals:

1. Decrease or eliminate oral antigenic stimulation.
 - Targeted dental extractions.
2. Modulate abnormal immune response.
 - Immunomodulatory therapy



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Caudal or Full Mouth Dental Extractions

- 93% of patients with FCGS had moderate to severe periodontitis.
- 66% of patients with FCGS had tooth resorption.

Removal of teeth decreases chronic inflammation and decreases oral bacterial load.



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Caudal mouth extractions

Therapeutic Management of Feline Chronic Gingivostomatitis: A Systematic Review of the Literature

James N. Miller¹, Bruce A. Roe² and Frank J. M. Verdonck³
¹Graduate and Postgraduate Studies, College of Veterinary Medicine, Auburn University; ²Department of Pathology and Population Sciences, School of Veterinary Medicine, University of California-Davis, Davis, CA, USA; ³Department of Pathology and Population Sciences, School of Veterinary Medicine, University of California-Davis, Davis, CA, USA

- Response to Caudal Mouth Extractions (Published July 2016)
 - 28.4% Complete remission
 - 39.0% Significant improvement
 - 26.3% Little to no improvement
- No significant difference between full mouth extractions or caudal mouth extractions.

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Medical Management

Should not be used as the only therapy but in combination with surgical intervention.

- Analgesia
 - Buprenorphine recommended
Note: Transmucosal absorption may be decreased in these patients.
 - Alternate medications include gabapentin, amantadine, NSAIDs, other opioids.
- Antimicrobials
 - Perioperative, short duration (5 days)
 - Clavamox (13.75mg/kg PO q12h) or clindamycin (5-11 mg/kg PO q12h)
- Immunosuppression
 - Not recommended.

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Refractory CFGS

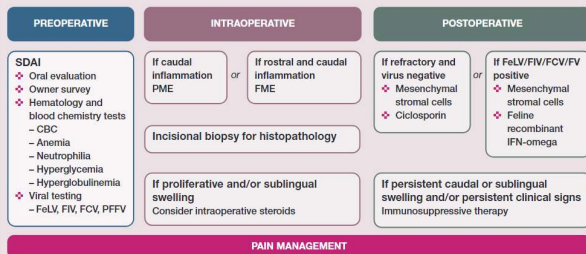
Defined as patients with no improvement 2 months after therapeutic extractions.

- Immunosuppression
 - Glucocorticoids – Clinical improvement in 23% of patients.
 - Cyclosporine – Clinical remission in 50% of patients.
- Immunomodulation
 - Recombinant feline interferon-omega (rFeIFN- ω) – Clinical improvement in 45% of patients (indicated for those with confirmed viral infection).
 - Mesenchymal stromal cell (MSC) therapy
 - Allogenic – Clinical improvement in 57% of patients.
 - Autologous – Clinical improvement in 71% of patients.



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Diagnostic and treatment recommendations



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Clinical Management



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Clinical Presentation

- Owner reported symptoms include halitosis, changes in eating behavior, decreased grooming, changes in social behavior.
- On examination, severe oral pain, ulcerative or inflammatory changes to mucosa extending away from gingiva

Pain management strongly recommended prior to oral examination.



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Initial Diagnostic Testing

Complete Blood Count

- Occasionally patients will have elevated white blood cell counts.

Blood Chemistry

- Commonly patients will have elevated globulins.

Thoracic radiographs / Echocardiogram

- Performed when > 8 years or cardiac murmur detected.

FelV and FIV testing recommended +/- calicivirus testing

- Results may offer prognostic information.

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Treatment Planning

- Clear client communication is essential.
- Complete Oral Health Assessment and Therapy recommended
 - Prior to procedure obtain clear understanding of client goals.
 - Assure client understands prognosis and likelihood of multiple procedures.



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Dental Procedure

- Complete dental and oral exam with probing.
- Whole mouth dental radiographs.
 - Include areas where teeth are missing.
- Biopsy of affected tissues for definitive diagnosis.


Extraction of diseased teeth vs. caudal mouth extractions vs. full mouth extractions

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Targeted Dental Extractions

- Extraction of diseased teeth only:
 - Patients less than 2 years of age
 - Minimal or absent caudal mucositis
 - Clinically comfortable.
- Caudal Mouth extractions:
 - Caudal mucositis
 - Clinical disease
 - Owner preference
- Full mouth extractions:
 - Caudal and rostral mucositis
 - Disease of canine teeth is present


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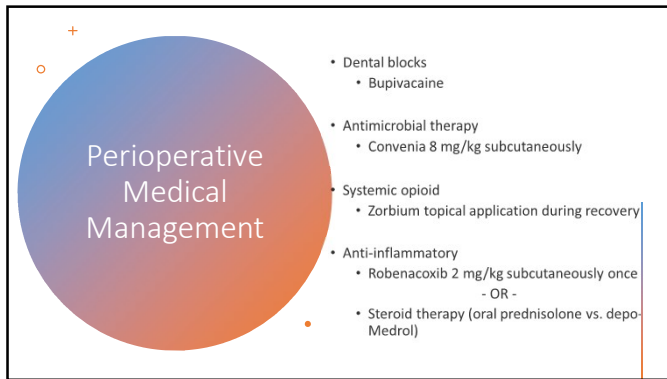


Surgical Procedure

- One arcade at a time – open to close.
- Sulcular incision mucogingival flap across entire arcade.
- Simple interrupted suture pattern
 - 5-0 Monocryl, taper needle

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Procedure Aftercare


- Soft food only for 2 weeks
 - Ideal but food intake most critical, easier toprehend
 - Convalescent diet – high palatability, higher protein
 - Appetite stimulant if needed
- E-collar
- Keep confined and away from other cats for 48+ hours.
- Medications dispensed:
 - Gabapentin (5-10 mg/kg) to add to food in case of refractory pain or anxiety.

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Follow Up

- Phone call with owner 1-2 days post-operatively
- Surgical site evaluation at 2 weeks
 - Monitoring for dehiscence.
- Oral examination every 1-2 months until resolution of inflammation or determine patient is refractory.
 - Symptomatic management as needed during this time.

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Refractory Patient Management

- Immunosuppression
 - Glucocorticoids
 - Cyclosporine
- Immunomodulation
 - Recombinant feline interferon-omega (rFeIFN- ω)



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QUESTIONS?



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