

## Acral Lick Dermatitis (lick granuloma, acral pruritic nodule)

(Figs. 14-1 to 14-4)

### FEATURES

A slowly progressive self-trauma-induced skin lesion that is created from excessively licking or chewing at a focal area on the limb. The pruritus is a response to some underlying stimulus (Table 14-1). Common in dogs, with the highest incidence in middle-aged to older, large-breed dogs.

A pruritic, alopecic, firm, raised, thickened plaque or nodule that may become eroded or ulcerated. Lesions are usually single but may be multiple. They are most often found on the anterior aspect of the carpus, but the metacarpus, tarsus, or metatarsus is sometimes involved. With chronicity, hyperpigmentation and secondary bacterial infection (papules, cellulitis, exudation) are common.

### TOP DIFFERENTIALS

Demodicosis, dermatophyte kerion, fungal or bacterial granuloma, neoplasia.

### DIAGNOSIS

1. Usually based on history, clinical findings, and ruling out other differentials.
2. Dermatohistopathology—Ulcerative and hyperplastic epidermis, mild neutrophilic and mononuclear perivascular dermatitis, and varying degrees of dermal fibrosis.
3. Bacterial culture (exudates, biopsy specimen)—*Staphylococcus* is often isolated. Mixed gram-positive and gram-negative infections are common.

**TABLE 14-1 Underlying Causes of Acral Lick Dermatitis**

Hypersensitivity (atopy, food)
Fleas
Demodicosis
Trauma (cut, bruise)
Foreign body reaction
Infection (bacterial, fungal)
Hypothyroidism
Psychogenic (e.g., boredom)
Neuropathy
Osteopathy

**TABLE 14-2 Drugs for Psychogenic Dermatoses in Dogs**

Drug	Dose
<b>Anxiolytics</b>	
Phenobarbitol	2-6 mg/kg PO q 12 hours
Diazepam (Valium)	0.2 mg/kg PO q 12 hours
<b>Tricyclic Antidepressants</b>	
Fluoxetine (Prozac)	1 mg/kg PO q 24 hours
Amitriptyline (Elavil)	1-3 mg/kg PO q 12 hours
Imipramine (Tofranil)	2-4 mg/kg PO q 24 hours
Clomipramine (Anafranil)	1-3 mg/kg PO q 24 hours
Doxepin (Sinequan)	3-5 mg/kg PO q 12 hours: maximum dose is 150 mg/dog q 12 hours
<b>Endorphin Blocker</b>	
Naltrexone (ReVia)	2 mg/kg PO q 24 hours
<b>Endorphin Substitute</b>	
Hydrocodone (Hycodan)	0.25 mg/kg PO q 8 hours
<b>Topical Products</b>	
Synotic + Banamine	
Deep Heet + Bitter Apple	

### TREATMENT AND PROGNOSIS

1. Identify and correct the underlying cause.
2. Treat any secondary bacterial infection with long-term systemic antibiotics (minimum 6-8 weeks), continued at least 2 weeks beyond complete resolution of the infection. Select the antibiotic based on bacterial culture and sensitivity results.
3. Topical applications of analgesic, steroidal, or bad-tasting medications q 8-12 hours may help stop the pruritus.
4. Mechanical barriers such as bandaging, Elizabethan collars, and side braces are also helpful.
5. For early and small lesions, an intralesional injection of triamcinolone acetonide or methylprednisolone acetate may help stop the pruritus.
6. When no underlying cause can be found, treatment with behavior-modifying drugs may be beneficial in some dogs (Table 14-2). Trial treatment periods of up to 4 weeks should be used to find the most effective drug. Lifelong treatment is often necessary.
7. Surgical excision is not recommended because postoperative wound dehiscence is common.
8. Prognosis is variable. Chronic, extensively fibrotic lesions and those for which no underlying cause can be found have the poorest prognosis. Although this disease is rarely life-threatening, its course may be intractable.

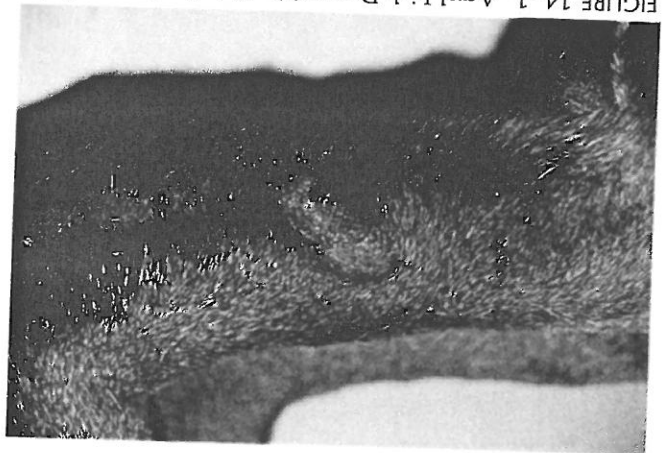


FIGURE 14-1. Acral Lick Dermatitis. This focal area of alopecia and erosion developed on the rear leg of an adult Doberman pinscher after several weeks of chronic licking. This dog had neurologic abnormalities that may have induced this granuloma.



FIGURE 14-3. Acral Lick Dermatitis. This erosive lesion was caused by a traumatic degloving injury, which did not heal normally because of constant licking.



FIGURE 14-2. Acral Lick Dermatitis. Multiple moist, erosive plaques developed on the front leg of an adult dog after several months of licking and chewing. This dog had atopy, which initiated the pruritus. (Courtesy of D. Angarano)

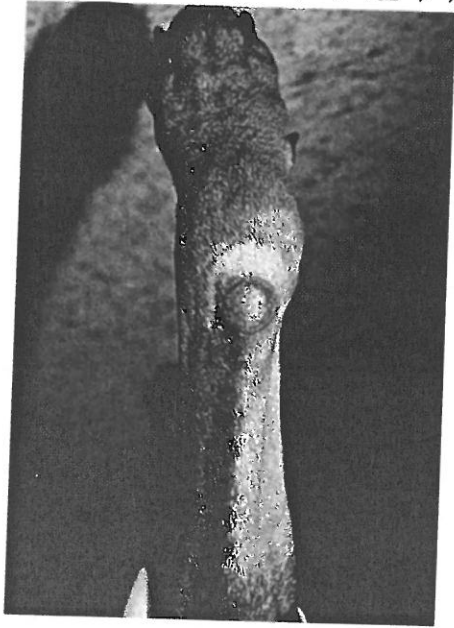


FIGURE 14-4. This focal erosive lesion on the front leg of an adult Doberman pinscher was caused by blastomycosis. Deep infections and neoplasia can mimic acral lick dermatitis. (Courtesy of D. Angarano)