CASE REPORT

Juvenile Cellulitis in a Dachshund Puppy – A Case Report

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Juvenile cellulitis is an uncommon, idiopathic granulomatous and pustular disorder of the face, pinnae and submandibular lymph nodes (Miller *et al*., 2013). The condition is also called juvenile sterile granulomatous dermatitis and lymphadenitis, juvenile pyoderma, and puppy strangles. Puppies less than 4-month-old are the most susceptible group with a greater breed predisposition for Labrador Retrievers, Dachshunds, Golden Retrievers, Siberian Huskies and Lhasa Apsos. Acute occurrence is commonly seen. Without proper diagnosis and therapeutic intervention, rapid progression, and worsening of the condition occur.

Case History and Clinical Observations

A Dachshund pup of 58 days age (male, unvaccinated) was brought to University Veterinary Hospital with the complaint of swelling in the neck region since one week. The puppy had a reduced appetite after the onset of swelling and of the whole litter, only this puppy was found to be affected. Urination and defaecation was normal. On examination, the puppy appeared dull and lethargic with a rectal temperature of 102.3°F. Physical examination revealed focal alopecia, folliculitis around the muzzle, and bilateral blepharitis along with purulent ocular discharge (Fig. 1). Prescapular and submandibular lymph nodes were enlarged (Fig. 2). The condition was diagnosed as juvenile cellulitis on the basis of age, clinical signs, distribution of lesions, and the history of unaffected littermates.

Treatment and Discussion

The therapy was aimed at immuno-suppression and reduction of secondary bacterial infection. The puppy was treated with prednisolone (susp. Kidpred) @ 2 mg/kg PO, OD, and amoxicillin-clavulanic acid (susp. Augmentin) @ 22 mg/kg PO, BID for one week. Antibacterial was stopped after one week. After the initial therapy, the puppy showed marked improvement. It became more active and the lymphadenopathy resolved (Fig. 3). Prednisolone was tapered gradually as no new lesions were formed. Treatment with prednisolone was continued for a period of 5 weeks.

The case study emphasizes the need for accurate diagnosis and immediate immunosuppressive therapy for the better prognosis of the disease. It is often mistaken for Staphylococcal pyoderma and demodicosis. As steroid therapy is contraindicated in the former cases, treatment should be initiated only after ruling out both the conditions. Differential diagnoses include angioedema, furunculosis, infectious and non-infectious panniculitides, and adverse

Fig. 1: Bilateral blepheritis, alopecia, and folliculitis of muzzle area

Fig. 2: Swollen face, submandibular and prescapular lymphadenopathy

Fig. 3: Pup after one month of therapy

cutaneous drug reactions (Bassett *et al*., 2005). The case reported was diagnosed well before other clinical signs, including pyoderma of the face, could manifest considerably.

It has been reported that the occurrence of juvenile cellulitis in pups may be related to distemper immunoprophylaxis (Malik *et al.,* 1995). However, no such relationship could be established in the present case as the pup was not vaccinated. Histopathology is often suggested as the confirmatory diagnosis. As the clinical findings were apparent, histopathological studies were not carried out in the present case. Moreover, the possibility of histopathological variation in the present case would have been limited as the case was diagnosed early before much of cutaneous manifestations could be noticed. The puppy responded to immunosuppressive therapy suggesting an etiology related to immune dysfunction. Cyclosporine has also been suggested as a treatment option (Park *et al*., 2010). If cytology or clinical appearance indicates secondary bacterial infection, suitable antibiotics can be administered. Sudden withdrawal of steroid medication may lead to a quick relapse of signs. Hence careful tapering of the drug is necessary until no new lesions are formed. The clinical signs described and the treatment adopted would be beneficial in a field setting for veterinarians to make an early diagnosis of juvenile cellulitis and adopt an effective treatment regime.

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