AGGIE ANIMAL DENTAL CENTER

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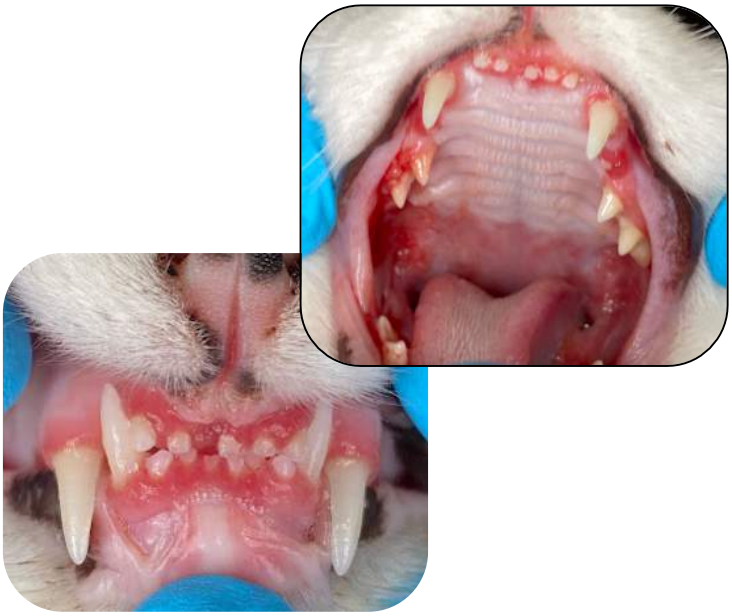
Feline Chronic Gingivostomatitis

What is Stomatitis?

- Feline chronic gingivostomatitis (FCGS) results from an exuberant immune response to bacteria that live on the tooth surface (in plaque).
- There is a strong likelihood that feline calicivirus initiates the aberrant immune response, but the exact cause of stomatitis remains unknown.
    - Other pathogens (Bartonella, herpesvirus, feline foamy virus, FeLV, and FIV) do not appear to be involved in the pathogenesis, but may be found concurrently.

What are the clinical signs?

- At home, you may notice decreased ability to eat, vocalization while eating, reduced social activity, hiding or isolating, decreased yawning/opening mouth wide or vocalization after yawning, and increased time spent sleeping.
- Cats with stomatitis are usually more reluctant than other cats to allow oral examination, but severe redness along the gingiva, cheek mucosa, and in the back of the mouth (mucositis) is observed.



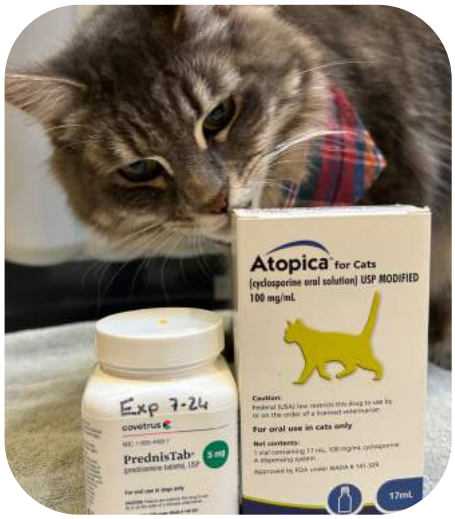
The Importance of Caudal Mucositis

- Lots of oral disease processes, including tooth resorption, gingivitis, and periodontitis, can cause redness around the teeth.
- The hallmark of true stomatitis is that there will be *caudal mucositis*, which is defined as redness and inflammation in the back of the mouth on both sides of the throat.

Treatment Options

Extractions

- Since the immune system is reactive to plaque bacteria on the teeth, extraction of most or all teeth is the recommended first-line treatment.
- If inflammation is mild at the canine and incisor teeth, it may possible to extract only the premolar and molar teeth initially.
    - Many cats will happily return to eating small kibble with no trouble (even after full-mouth extractions)
    - Most eat BETTER after extractions because their pain is improved.
    - Edentulous (toothless) cats are recommended to live indoors only since they have lost one of their defense mechanisms.



Immunosuppressants

- Oral medications are preferred to injectable to find the lowest effective dose and prevent steroid-associated side effects including diabetes mellitus.
- Steroids (e.g. prednisolone) – have a quick onset of action and are relatively inexpensive, but have a decreasing effect over time and have multiple undesirable side effects (such as diabetes, thinning skin, and liver damage).
- Cyclosporine – a more targeted approach to immunosuppression and has fewer undesirable side effects than steroids, but long-term administration is associated with a higher risk of cancer.
- Treatment is expected to last 3-6 months, and may be life-long.
- Cats receiving any immunosuppressant medications should be kept indoors and not be fed a raw diet.
- We generally reserve medical treatment for patients who have not been cured after full-mouth ore premolar/molar extractions.

Stem Cell Therapy

- A newer treatment option is the administration of stem cells. Cats must be 2-months post extractions, FeLV/FIV negative and not receiving any anti-inflammatory or immunosuppressive medications for one month prior to enrollment. The treatment involves intravenous administration of allogeneic stem cells on two occasions, two weeks apart. Follow-up is required for a year (a total of 7 visits). It is an investigational therapy, and we are participating in clinical trials. Stem cell treatment is expected to cure approximately 70% of cases.

Refractory Cases

- About 60% of cats will be cured with extraction alone, 20% will be significantly improved but may need medications intermittently, and 20% are refractory and continue to have caudal mucositis.
- Refractory cases may require life-long immunosuppressive medications in order to manage their inflammation and pain.
- Other medication options like gabapentin to help with pain and mirtazapine to help with inappetence can be used intermittently as well to help manage difficult cases.
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