



## Kingsbrook Animal Hospital

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## Feline Eosinophilic Granuloma Complex in Cats

### What is feline eosinophilic granuloma complex?

*Eosinophilic granuloma complex* is a term used to describe three forms of skin lesions in cats: 1) eosinophilic plaque, 2) eosinophilic granuloma and 3) indolent ulcers. These lesions have a characteristic microscopic appearance due to the presence of eosinophils, which are a form of inflammatory cell. The term is descriptive, referring to the microscopic appearance of the lesion.

### What causes eosinophilic granuloma complex?

The exact cause of feline eosinophilic granuloma complex is unknown. Some research studies suggest that a form of allergic response (hypersensitivity reaction) may be involved in the majority of cases. This is more likely in cases that are recurrent. Other studies suggest that the condition may at least be partially genetic or inheritable.

### What are the symptoms of feline eosinophilic granuloma complex?

The most common site for these lesions is on the lips, especially the upper lip, where they appear as ulcers. They are sometimes referred to as "rodent ulcers" although this term is technically incorrect. The lesions range from small and barely noticeable ulcers to large and extensive ulcers that disfigure the lips. Bleeding occurs from some lesions. Eosinophilic granulomas may also develop in the mouth, especially along the gums and palate, or on other areas of the body. When lesions form in other locations, they usually appear as bald patches with raised areas of reddened skin rather than an ulcer. These lesions are often called eosinophilic plaques. Common sites are the hind legs and the stomach. The lesions can be large and may be itchy, since the cat frequently licks and even bites at the affected site.



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### How is eosinophilic granuloma complex diagnosed?

Diagnosis is based on your cat's medical history and physical examination findings. Microscopic examination of a lesion (fine needle aspiration or tissue biopsy) is necessary to definitively diagnose eosinophilic granulomas. A biopsy will also rule out other diseases and conditions.

## How is eosinophilic granuloma complex treated?

If an underlying cause is identified, specific treatment will be directed at removing this cause.

Flea and insect control is very important in the treatment of feline eosinophilic complex. This is due to the suspected hypersensitivity reaction cause of the condition. Insect bites can trigger an exaggerated immune response in affected cats, causing or worsening clinical signs.

Some cats respond to elimination or hypoallergenic diets, suggesting an underlying food allergy as the cause. Most cats diagnosed with feline eosinophilic granuloma complex would benefit from a hypoallergenic food trial.

**"Corticosteroids are the most common treatment to control the symptoms of eosinophilic granuloma complex. "**

Corticosteroids are the most common treatment to control the symptoms of eosinophilic granuloma complex. Corticosteroids are available in different forms that have different durations of activity; most often, cats are treated with corticosteroid injections or tablets. Treatment may last for weeks or months because eosinophilic granulomas frequently recur and prolonged treatment will minimize the chance of recurrence. Side effects of corticosteroids are usually not significant in cats, but prolonged use can cause side effects such as an increase in weight.

In recurrent or refractory cases, other treatments may be used including drugs such as cyclosporine, surgical removal of the lesions or cryosurgery (freezing the lesions with liquid nitrogen while the cat is anesthetized).

## What is the prognosis for a cat diagnosed with eosinophilic granuloma complex?

Most cases respond well to medical treatment. Recurrence is common and requires life long intermittent treatment in many cases. Some cats that are severely affected will require more aggressive treatment and consultation with a board-certified veterinary dermatologist may be beneficial.

*This client information sheet is based on material written by: Ernest Ward, DVM*

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