

Inflammation of the Mouth and Throat in Cats

(Feline Oropharyngeal Inflammation)

Basics

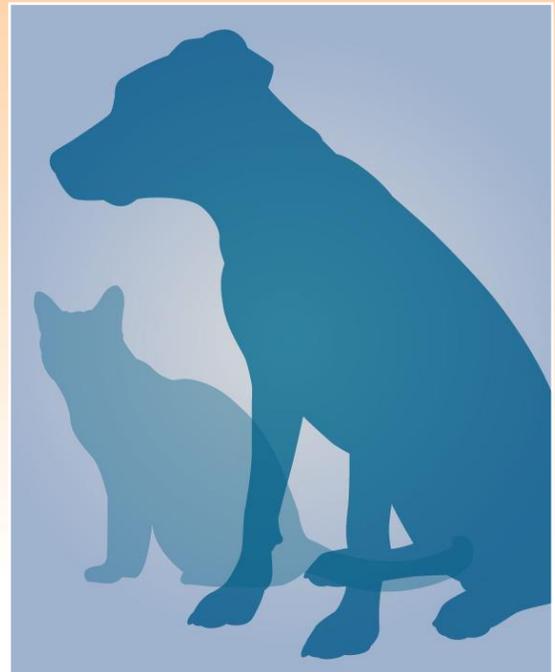
OVERVIEW

- inflammation affecting the gums, mouth, and throat in cats
- Inflammation of the mouth is classified by its location, as follows:
 - ♦ Inflammation of the gums (known as “gingiva”)—gingivitis
 - ♦ Inflammation of the tissues that support the teeth—periodontitis; tissues that support the teeth include the periodontal ligament and the alveolar bone (the bone around the roots of the teeth)
 - ♦ Inflammation of the moist tissues around the teeth—alveolar mucositis
 - ♦ Inflammation of the moist tissues under the tongue on the floor of the mouth—sublingual mucositis
 - ♦ Inflammation of the moist tissues of the lip and cheek—labial and buccal mucositis
 - ♦ Inflammation of the moist tissues of the caudal areas of the mouth—caudal mucositis; “caudal” refers to the back or rear; in this condition, it describes the location in the mouth—the back portion of the mouth
 - ♦ Inflammation of the moist tissues of the tongue (top and underside)—glossitis
- “Osteomyelitis” refers to inflammation of the jaw bone and bone marrow
- “Stomatitis” is a general term to indicate inflammation of the moist tissues of the mouth in any location; frequently used when the inflammation is widespread in the mouth
- Inflammation of the tonsils—tonsillitis
- Inflammation of the throat (known as the “pharynx”)—pharyngitis

SIGNALMENT/DESCRIPTION OF PET

Species

- Cats



Breed Predilections

- Purebred cats more likely than other cats—Abyssinian, Persian, Himalayan, Burmese, Siamese, and Somali

SIGNS/OBSERVED CHANGES IN THE PET

- Excessive salivation/drooling (known as “ptyalism”)
- Bad breath (known as “halitosis”)
- Difficulty swallowing (known as “dysphagia”)
- Lack of appetite (known as “anorexia”)—prefers soft food
- Weight loss
- Scruffy hair coat from lack of grooming
- Reddened, ulcerated lesions with rapidly growing tissue (known as “proliferative tissue”) affecting the gums (gingiva); the folds of moist tissue extending from the soft palate to the side of the tongue (known as the “glossopalatine arches”); tongue; lips; lining of the cheeks (known as “buccal mucosa”); and/or hard palate
- Inflammation of the gums completely surrounds the tooth
- May extend to the folds of moist tissue extending from the tongue to the wall of the throat or pharynx (known as the “glossopharyngeal arches”), as well as the palate

CAUSES

- Unknown
- Bacterial, viral, and immune-mediated causes are suspected
- Feline calici virus
- Decreased immune response (known as “immunosuppression”) from feline leukemia virus (FeLV) or feline immunodeficiency virus (FIV) also can lead to poorly responsive infections; however, most cats affected with inflammation of the mouth and throat (oropharyngeal inflammation) are negative for FeLV and FIV

Treatment

HEALTH CARE

- Initial therapy for early inflammation of the moist tissues of the mouth (known as “mucositis”) involves professional teeth cleaning (above and below the gums [gingiva]), as well as strict home care; extraction of certain teeth may be necessary
- Dental x-rays (radiographs) should be taken before and after surgery
- Post-operative application of fluocinonide 0.05% (Lidex Gel) to the gum margin may help in the healing process

SURGERY

- Biopsy (especially for lesions involving only one side of the mouth) to rule out cancer—primarily squamous cell carcinoma
- Extraction of the teeth in cats with inflammation of the moist tissues of the caudal areas of the mouth (caudal stomatitis) behind the canine teeth (that is, the premolar and molar teeth) resulted in resolution in 60% of the cases, without further need of medication; 20% of the remaining cases required medication
- If the cat does not respond to extraction of the teeth behind the canine teeth (that is, the premolar and molar teeth), remove all remaining teeth; when extracting the teeth, pay meticulous attention to removing all tooth substance
- CO₂ laser may be used to decrease inflamed tissue

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- Medication and other therapies have been used with limited long-term success; lack of permanent response to conventional oral hygiene products, antibiotics, anti-inflammatory drugs, and drugs to decrease the immune response (known as “immunosuppressive drugs”) is typical
- Medications should not be used as the primary method to control inflammation of the mouth and throat (oropharyngeal inflammation) in cats

- Antibiotics—clindamycin, metronidazole, amoxicillin, ampicillin, enrofloxacin, tetracycline
- Steroids—to decrease the immune response; such as prednisone; methylprednisolone also may help control inflammation
- Gold salts—Solganal (Schering); used to treat serious immune-mediated diseases
- Chlorambucil, a chemotherapy drug to decrease the immune response
- Bovine lactoferrin is a protein found in cow's milk that may have antibacterial activity and may have an effect on the immune system; it can be applied to the moist tissues (known as “mucous membranes”) of the mouth
- Interferon is a protein produced by cells of the immune system; has a variety of effects in the body, including fighting viruses and cancer
- Cyclosporine, to decrease the immune response

Follow-Up Care

PATIENT MONITORING

- Monitor response to treatment; if the cat does not respond to extraction of the teeth behind the canine teeth (that is, the premolar and molar teeth), remove all remaining teeth
- Monitor for potential side effects of medications used in treatment

EXPECTED COURSE AND PROGNOSIS

- Cases with extensive lesions of rapidly growing tissue (proliferative tissue) in the back part of the mouth and throat (pharynx) that respond poorly to treatment warrant a more guarded prognosis

Key Points

- Inflammation affecting the gums, mouth, and throat in cats
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- Extraction of the teeth in cats with inflammation of the moist tissues of the caudal areas of the mouth (caudal stomatitis) behind the canine teeth (that is, the premolar and molar teeth) resulted in resolution in 60% of the cases, without further need of medication; 20% of the remaining cases required medication
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