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RESEARCH NOTE

Therapeutic management of Flea bite in a dog

■ SANDHYA MORWAL

AUTHOR FOR CORRESPONDENCE

SANDHYA MORWAL
Department of Veterinary Medicine (TVCC), College of Veterinary and Animal Science, Navania Vallabhnagar, UDAIPUR (RAJASTHAN) INDIA

Abstract : Flea allergy dermatitis or Flea bite hypersensitivity was diagnosed which is characterized by purities, itching, inflammation and painful lesions in a non-descript female dog. Dog was treated with topical application of antibacterial, anti-inflammatory and antihistamine and advised for deworming. Dog showed significant improvement within three weeks.

Key words : Therapeutic management, Flea bite, Dog

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INTRODUCTION

Flea allergy dermatitis is an allergic reaction to a flea bite that manifests in a pet's skin. Both dogs and cats can develop FAD. Affected pets can have an extreme allergic reaction to certain proteins in the flea's saliva, which the flea injects into the pet's skin during biting and feeding. FAD is most prevalent in the summer, although in warm climates flea infestations may persist throughout the year.

Flea allergy dermatitis is the most common cause of skin disease. Affected animals develop allergic reactions to chemicals in flea saliva. Symptoms of this reaction include erythema (redness), papules (bumps), pustules (pus-filled bumps), and crusts (scabs) also if severe, hair loss will occur in affected area.

Flea is small wingless, laterally compressed insects with dark brown thick covering. Dermatological disorder is a common clinical manifestation in dogs and flea allergy dermatitis is the most common presentation to a companion animals. Flea bite hypersensitivity also called flea allergic dermatitis is the most common skin allergy in small animal's veterinary medicine (Fisher, 1999 and Wilkessin *et al*., 2004). This paper present a case of allergic dermatitis which induced by flea and its clinico-therapeutic management.

Case history and observations:

A five year old pomeranian female dog was reported in Veterinary hospital, Udawas, Jhunjhunu (Rajasthan) in march 2014 with history of dermatitis. Dog weighing 13 kg according to owner with history of alopecia, biting, itching

and inflammation of skin was observed and loss of body condition since a week. Later on red circular and painful lesions developed at base of tail.

Clinical examination:

The animal was active and alert with slightly pale mucus membrane. The clinical examination revealed alopecia, rashes, redness. The skin coat was rough and little flea infestation was observed. On clinical examination heart, pulse and respiration rate were within normal range and rectal temperature was slightly elevated. These lesions were sensitive to touch painful and having continuously itching.

Diagnosis:

On the bases of clinical findings, location of lesions and presence of flea on body surface the condition diagnosed for flea allergy dermatitis (FAM)

Treatment:

Before the dog was treated the hairs of surrounding affected area was clipped to reduce irritation and itching. Kiskin cream [(Miconazole nitrate (2%), ofloxacin (0.1%), zinc sulphate (3%) and clobetasol propionate (0.03%)] used as topically apply on affected area for 3-4 times a day, for five to seven days. Parenterally injection chlorpherniramin maleate 1 ml, flea saliva contain histamine like compounds proteolytic enzyme and anticoagulants which can act as inflammation or antigen, injection dexamethasone 1 ml intramuscular was given for three days once in a day to relive inflammation and allergic reaction. The dog owner Advised to give bath with softas shampoo at weekly intervals. The owner was advised deworming with Eazypet tablet (Praziquantel 50mg, Pyrantel Pamoate 144 mg, Fenbendazole 500mg) one once and reapet after 21 days. The owner also advised to use insecticide solution to clean dog living and sleeping areas and wash all pets bedding material to prevent reinfection. The animal showed significant improvment and complete recover within 3 weeks.

LITERATURE CITED

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