PROCEEDINGS

THE 3 JOINT INTERNATIONAL MEETINGS 2014

THE 14TH ANNUAL WORKSHOP OF THE REGIONAL NETWORK ON ASIAN SCHISTOSOMIASIS AND OTHER HELMINTH ZOONOSES (RNAS+)

THE 5TH ANNUAL MEETING OF SOUTH EAST ASIA VETERINARY SCHOOL ASSOCIATION (SEA VSA)

THE 3RD SCIENTIFIC MEETING OF INDONESIAN VETERINARY SCHOOL ASSOCIATION (AFKHI)

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13-15 October 2014

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Diagnose and Treatment Evaluation of *Microsporum canis* Infection in Dogs

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INTRODUCTION

*Microsporum canis* is the most common dermatophyte infection in dogs [1, 2]. Griseofulvin and ketoconazole are the commonly antifungal for dermatophytosis treatment in small animals by oral and topical [3]. The incidence of dermatitis in dogs in Yogyakarta, Indonesia is high, however, there is less information about diagnose and treatment of dog infected by *M. canis*. The aim of this study are to evaluate the diagnose and treatment of *M. canis* infection in dog.

MATERIALS AND METHODS

Six dogs suffered *M. canis* infection were used in this study. To found 6 dogs as samples, many of dogs that showed various skin lesions would be examined physically and laboratorially. The identification of the *M. canis* performed by cultivated the skin scraping samples on the Sabouraud's dextrose agar (SDA), incubated at a temperature of 25-30 °C for 3 weeks and then the fungal identified macroscopically and microscopically [4]. A total of 6 dogs, that positive *M. canis* infection would be divided in two groups. First three dogs were treated with griseofulvin 20 mg/kg per oral daily and the others by topical with 2% ketoconazole twice daily for 21 days. The development of the skin lesions, especially erythema, scaly and crusty would be analyzed by clinical examination.

RESULTS AND DISCUSSIONS

Before treatment all of 6 dogs showed clinically dermatitis lesions including alopecia, erythema, scaly and crusty. Cultivation of 6 dog skin scrapings on the SDA and further examination of colony morphology by macroscopic and microscopic methods revealed that all of 6 dog suffering dermatitis caused by *M. canis*. Clinical lesions of dermatitis caused by *M. canis* infection is usually consists of a combination of circular alopecia with erythema, scaly or crusty [3, 4, 5].

Table 1. Clinical signs of skin lesions of dogs infected *M. canis*, 3 weeks after therapy

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Erythema</th>
<th>Scaly</th>
<th>Crusty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before</td>
<td>after</td>
<td>before</td>
</tr>
<tr>
<td>Griseofulvin oral</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ketoconazole topical</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

All of 6 dogs in this study reacted various positive to the treatment. After three weeks treatment, the first group that treated by griseofulvin orally was showed less erythema for all of 3 dogs, scaly on the skin for 1 dog and less crusty for 2 dogs, while the second group that treated by ketoconazole topical was showed less erythema for 1 dog only, respectively (Table 1). All of dogs showed well response to treatment, although a better response demonstrated by dogs that treated with topical ketoconazole. The topical ketoconazole treatment is possible to treat direct to the target in the narrow spot lesion quickly, but may be not efficient for wide infection area. So that the combination of systemic and topical treatment is more perfect, like the results of the other
CONCLUSION

The topical treatment by cream ketoconazole is better than oral therapy with griseofulvin to decrease the skin infection by *M. canis*.

REFERENCES
