



**VETERINARY VOICE:
Tips of the Trade**

| Ophthalmology- Feline Proliferative Eosinophilic Keratitis | |
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| <p>What is eosinophilic keratitis and what is the etiology?</p> | <p>Eosinophilic proliferative keratitis appears to be unique to the cat (although a similar process has been noted in the horse). It is a chronic, progressive disease of the cornea. It has been reported with a higher incidence in young-middle aged male castrated cats, but can be seen in any cat. The etiology is unknown although it is suspected to be an underlying hypersensitivity reaction to an unknown antigen.</p> |
| <p>What are the clinical signs?</p> | <p>The clinical presentation varies, but the typical lesion is a proliferative, white-pink, edematous, irregular, vascularized ingrowth of tissue, that most commonly originates from the nasal or temporal limbus, peripheral cornea, and adjacent bulbar conjunctiva. The nictitating membrane may be involved as well and with chronicity, the entire cornea can become involved. It is most commonly unilateral, but can be bilateral. Early lesions are usually painless, but as they become more severe, blepharospasm and ocular discharge may become evident. Dermatologic lesions typical of the eosinophilic complex are absent.</p> |
| <p>How is it diagnosed?</p> | <p>If eosinophils are seen on a corneal cytology, it is diagnostic for eosinophilic proliferative keratitis. Other cells commonly seen include lymphocytes, plasma cells, mast cells, and macrophages. The conjunctiva may be affected with or without corneal involvement. Therefore, a conjunctival biopsy can be diagnostic.</p> |
| <p>What is the most current treatment protocol for eosinophilic keratitis?</p> | <p>Feline proliferative keratoconjunctivitis usually responds dramatically to topical therapy of 0.1% dexamethasone or 1% prednisolone acetate. Treatment should be initiated at a frequency of at least 4 times a day.</p> <p>A recent study evaluated topical 1.5% cyclosporine as a treatment for proliferative keratitis in cats. These patients were treated with cyclosporine 2-3 times daily and it was usually continued as a chronic lifelong therapy (may be tapered to less frequently). It was an effective treatment in the vast majority of patients.</p> <p>Less commonly, this disease is treated with megestrol acetate orally and is tapered to the lowest possible dosage. Treatment with this drug bears potential side effects such as induction of diabetes mellitus, adrenocortical suppression, behavior changes, mammary hyperplasia, and neoplasia. It is not recommended as a first line of defense because of these side effects.</p> |
| <p>Questions?</p> <p>Ophthalmology Expert: Caroline Betbeze, DVM, MS, DACVO</p> | <p>The Veterinary Specialty Center of Tucson has a board-certified ophthalmologist available for questions and consultations on ophthalmic diseases and surgeries during the weekdays. She is also on call to provide consultations to VSCT emergency doctors and to perform emergency procedures for patients seen by the VSCT emergency service. Board-certified ophthalmologists have four additional years of training after veterinary school and are certified by the American College of Veterinary Ophthalmologists' to assure competency in advanced veterinary ophthalmology.</p> |