Letter

A Possible Case of Feline Herpesvirus 1 Infection with Facial and Oral Ulcers

Kazuhiko Namikawa^{1, 2)*}, Yuko Isono²⁾, Takefumi Ishikawa³⁾, Tamio Omuro⁴⁾,
Fujiko Sunaga¹⁾, Munetsugu Ogata²⁾

¹⁾Laboratory of Infectious Diseases, ²⁾Veterinary Teaching Hospital and ³⁾Laboratory of Internal Medicine II, School of Veterinary Medicine, Azabu University, ⁴⁾Omuro Veterinary Clinic

An approximately two-month-old, mongrel, stray male cat was adopted by its owner in June, 2004. Two months later the cat was administered with a live attenuated herpesvirus (FHV), calicivirus (FCV) and panleukopenia virus vaccine. In late October serous ocular discharge and sneezing began. The left nostril became swollen and, periocular and oral ulcers were also observed. Further sever erosions and ulcers developed on the right side of mouth, nasal planum, bilateral periocular, palate and around the tongue and by November of the year had resulted in hypersalivation (Figs. 1–3). However, no dyspnea, polypnea, diarrhea and vomiting were observed. Thoracic and abdominal radiograph and pulmonary auscultation were also not observed in the least. Lesions were limited to the face and oral cavity. Blood and biochemical examination revealed leukocytosis, especially neutrophilia and a decreased level of γ -globulin-fraction by electrophoresis. Feline herpesvirus-1 (FHV-1) antigen was detected in both nasal mucus and ocular discharge, whereas feline calicivirus antigen in these samples, feline leukemia virus antigen and feline immunodeficiency virus antibodies in serum samples were not detected. According to these findings, this case was presumed to be infected with FHV-1. However, even after aggressive treatment by antibiotics, vitamins, non-steroidal anti-inflammatory agents, L-lysine and interferon, the clinical signs were not resolved. Ulcers on the face and oral cavity increased in severity during treatment and in addition the paste diet fed by gavage

Fig. 1. Note severe ulcers on periocular areas and the nasal planum.

was spat out, presumably due to pain in the oral cavity. The cat became emaciated and due to the lack of response to treatment was euthanized February.

The samples for further virological and pathological examinations were not collected, attribution of FHV-1 for the facial lesions was not determined. According to one report²⁾, cats have developed ulcerative and nasal

*Correspondence to: Kazuhiko Namikawa (Laboratory of Infectious Diseases, School of Veterinary Medicine, Azabu University) 1–17–71 Fuchinobe, Sagami-hara, Kanagawa 229-8501, Japan
TEL/FAX +81-42-769-1643 E-mail: namikawa@azabu-u.ac.jp

*連絡先：並河和彦（麻布大学獣医学部伝染病学研究室）

〒229-8501 相模原市淵野辺 1-17-71

Fig. 2. Note severe ulcers involving the tongue.

Fig. 3. Note severe ulcers involving the hard and the soft palate.

dermatitis and stomatitis, and in another report, lesions were found to be more unresponsive to treatment in cheetahs, if persistent³⁾. This case was a suspected vaccine reaction/breakdown¹⁾, because FHV-1 was detected in both nasal mucus and ocular discharge in association with facial and oral ulcers two months after vaccination.

References

- 1) Harbour, D.A., Howard, P.E. and Gaskell, R.M. 1991. *Vet. Rec.* 128: 77–80.
- 2) Hargis, A.M., Ginn, P.E., Mansell, J.E.K.L. and Garber, R.L. 1999. *Vet. Dermatol.* 10: 267–274.
- 3) Junge, R.E., Miller, E., Boever, W.J., Scherba, G. and Sunberg, J. 1991. *J. Am. Vet. Med. Assoc.* 198: 1057–1058.