

Increase yield of “chronic perivascular dx”

- Inform clinician of components in crusts
 - Malassezia, bacteria (type)
 - Always note type of inflammatory cells in pustules
- Compare with clinical presentation
 - Bx cannot *rule-out* scabies!
 - Bx of PF in a cat without crust = allergy
- Address clinical diagnosis

Perivascular dermatitis with **diffuse parakeratotic hyperkeratosis**

Parakeratosis

- Parakeratosis
 - Increased epidermal turnover
 - e.g. 8 days to complete cornification vs 21 d
 - Trauma; malassezia infection, etc.
 - Patchy
- Metabolic disease
 - More diffuse and severe
- Can be seen with EM and PF

Diffuse- limited number of differentials

DDX for Diffuse/Severe Parakeratosis

- Zinc Responsive Dermatitis
- Superficial Necrolytic Dermatitis
- Labrador retriever hereditary nasal hyperkeratosis
- Lethal Acrodermatitis of Bull Terriers
- Congenital follicular parakeratosis of Rottweiler and Labrador retriever
- Thallium Toxicity



- Know the clinical distribution of lesions
- Breeds affected
- Age of onset

- Diffuse parakeratosis in a cat??
 - Rare
 - Internal disease?
 - Erythema multiforme?

Zinc Responsive Dermatitis





Zn responsive dermatitis

