

# Genodermatosis Research Foundation Newsletter

Summer 2001

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## Sebaceous Adenitis

by David H. Scarff, BvetMed CertSAD MRCVS

**S**ebaceous adenitis means inflammation of the sebaceous gland, which is responsible for producing the oily component of sweat. This maintains moisture in the skin and haircoat, and makes the coat look healthy and shiny. When the sebaceous glands are damaged, the coat can become brittle and lifeless, and the skin dry and flaky.

Several possible causes have been proposed for SA. These suggest that SA is 1) a developmental, possibly inherited, disorder of the sebaceous glands; 2) a disease of the immune system, triggered by an unknown mechanism; or 3) part of a more generalized defect in the growth of skin and hair. Of these, the first seems most likely in the breeds frequently affected by SA.

### Inheritance of SA in the Standard Poodle

Evidence from pedigrees and test matings suggests that SA in the Standard Poodle is inherited as a recessive disease. This means that affected dogs have to get a faulty gene from both parents to get this skin disease. Dogs with only one affected gene will appear normal, but may have affected puppies if mated with carriers of this recessive gene. All coat colors are affected equally.

Neither affected dogs nor their parents should be bred from once the diagnosis has been made. To assist in identifying affected dogs, the Standard Poodle Club\* has started an open registry of affected and tested dogs. It is suggested that skin biopsies should be taken every other year from all breeding stock to check for SA. This test will not identify carrier animals.

### Clinical Signs

SA mostly affects young and middle-aged dogs of both sexes. While many breeds have been reported with SA, certain breeds appear predisposed. The disease is very variable, signs depending upon the breed affected, the degree of inflammation in the skin and the proportion of sebaceous gland affected.

In short-coated dogs like the Vizsla, circular patches of hair loss

\*This reference is to the Standard Poodle Club in England. The Poodle Club of America also participates in a registry with the Institute for Genetic Disease Control.

## Pending price increase to read SA biopsies

**F**or 10 years a select group of pathologists has been interpreting skin biopsy samples from Standard Poodles in order to register dogs by Genetic Disease Control in Animals (GDC). From its onset, this service was discounted and there has been no price increase.

At the last World Congress of Veterinary Dermatology meeting there was a discussion by the majority of the pathologists who interpret slides for registration, that a price increase is in order. While there was a willingness to continue to discount the price of those biopsies when results were submitted for registration, we could no longer afford to discount cases submitted by owners who opt to have biopsy samples read but the results not registered by GDC.

For this reason, starting September 1, 2001, the price for interpreting a skin biopsy will increase from \$30 (all prices U.S.) to \$35 when registration is requested and \$50 when no registration is requested. In addition there will no longer be a discount when samples from multiple dogs are submitted concurrently. Finally, GDC will increase their price of registration for first-time dogs from \$14 to \$15.

We believe this change in policy is in the best interests of the registry because it 1) amounts to a \$6 increase for those who register their dogs; 2) creates a major disincentive for

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---

Send all correspondence to:

Jo Ann Geramita, *Secretary*

3818 22nd St. NW

Canton, OH 44708

Phone (330) 478-832

E-mail: jgeramita@neo.rr.com

Send newsletter contributions to:

Jenny Drastura, *Editor*

5262 West Pea Ridge Rd.

Huntington, WV 25705

E-mail: drastura@marshall.edu

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The Genodermatosis Research  
Foundation was organized in 1990 by  
a group of dog owners, breeders and  
veterinarians with a common interest  
in genetic skin disorders in dogs.

The Foundation provides education  
and scientific support for research  
leading to the alleviation of animal  
suffering through understanding,  
diagnosis, treatment, cure and preven-  
tion of heritable skin diseases.

The GRF is a non-profit organization  
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Membership dues are \$20 annually.

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# Pemphigus: The story of Kuma

by Monica Curtis

**K**uma was a male Akita and beloved family member. When he was four years old, we noticed that something was wrong with his skin and coat.

His symptoms were loss of pigmentation and hair, and small scabby bumps with some scaling of his skin. Discoid lupus erythematosus was the first diagnosis from a punch biopsy. His treatment plan was vitamin E, prednisone, tetracycline and niacinamide, using a topical flouorinated corticosteroid. The topical corticosteroid was omitted from his treatment plan after realizing it was doing no good. The dosages varied, yet the medication was consistent for approximately one year. We were also warned to limit his exposure to sunlight as the lesions are exacerbated by sunlight.

There were changes in Kuma's condition during that year. Little by little, the loss of hair and pigmentation grew larger. There was more scaling, more scabs. It seemed to begin to irritate him more, so he began itching more. Kuma was an excellent dog and he quickly realized that itching made things worse.

Then the infection started to invade his eyes and ears. I began to panic, recalling the first diagnosis of Vogt-Koyanagi-Harada syndrome (VKH). Akitas appear to be predisposed to this disease, and a lot of questions are still unanswered, e.g., the immunopathogenesis of VKH is unknown. Lack of skin and hair pigment, fever, nausea, and blindness are a few of the clinical signs. You can understand my fear when the lesions began surrounding his eyes and ears.

The advice given was to increase the dosage of medications. At this point we were still administering prednisone, tetracycline, niacinamide and vitamin E. For approximately six months Kuma did fantastic! The lesions and symptoms were subsiding and his hair was growing back! We wanted to take him off the high dosage of drugs to return him to his natural self. For approximately three months Kuma wasn't getting any more symptoms or lesions.

Then his condition seemed to worsen overnight. Back on the medications, same as before, but adding azathioprine. I was apprehensive about using this drug as the research has shown it to cause heart disease and blood problems. Two weeks after starting the azathioprine, we had to

*Continued on Page 4*



**Note the lesions on  
Kuma's muzzle.**

# Inhalant allergy in the dog

by Alice Jeromin, DVM

Inhalant allergy or "atopy" is defined as an exaggerated response of the body to an inhaled or absorbed substance that other people or animals tolerate just fine. The classic example in people is hay fever, where when a person inhales pollens, the result is runny eyes, sneezing and congestion. Inhalant allergy in people is hereditary.

Inhalant allergy in the dog is similar in some ways to allergy in people in that it is hereditary, but it is different in other ways. For example, in dogs, the organ of the body that reacts to inhaled allergens is the skin. Consequently, instead of sneezing and wheezing, dogs rub their face, lick their feet or just scratch all over. Also, people tend to outgrow their allergies whereas dogs grow into theirs; i.e., they get worse as they get older. In addition to inhaling the allergen that results in itching and scratching, there is some current proof that the allergen is absorbed across the skin of non-haired areas of the body such as the feet.

As mentioned above, inhalant allergy in the dog is hereditary. Consequently, we see it most often in the same breeds: retrievers, terriers, German Shepherd Dogs, Dalmatians, Shih Tzus, Border Collies, Collies, Poodles, Bichon Frises, and mixes of all of these breeds. Inhalant allergy starts anywhere from 6 months to 3 years of age. The main symptoms include itching of the face and feet (most owners feel their dog licks its feet due to boredom, but not so!), recurrent ear infections, recurrent bacterial or yeast skin infections, and sometimes, but rarely, runny eyes and congestion. Sometimes these symptoms are seasonal depending upon what the dog is allergic to. For example, here in the Midwest, trees are first to pollinate in the spring, then grasses in summer, and weeds in the fall. Sometimes a veterinarian is able to pinpoint the class of allergen (trees, grasses or weeds) the dog is allergic to according to when it starts to show its symptoms. Some patients, however, are itchy all year round and house dust mite allergy is most likely the problem in these non-seasonally affected patients.

The veterinarian diagnoses allergy by taking a thorough history of 1) how old the patient was when the problem started (for example, an 8-year-old dog that just started itching is less likely to be atopic since most atopic patients start at a young age); 2) the breed; and 3) whether or not the patient is responsive to cortisone therapy. The majority of inhalant allergic patients are cortisone responsive. However, patients cannot be maintained on long term doses of cortisone due to its many deleterious side effects, such as diabetes, liver problems, cataracts, osteoporosis, etc.

When a veterinarian suspects the patient is allergic, most often he/she will refer the dog to a veterinary dermatologist for skin testing to determine what the dog is allergic to. Skin or blood testing for inhalant allergy is performed just as in people to determine what to put into the patient's desensitization injections. Desensitization injections are injections given periodically composed of what the patient is allergic to in an attempt to desensitize the patient over time. In dogs this usually takes 3-12 months and is approximately 75 percent successful. Since dogs with allergies tend to get worse as they get older, desensitization may actually prevent them from acquiring other allergies. Also, successful desensitization prevents the patient from having to take steroids which, as mentioned above, can produce undesirable side effects.

Other treatments to help reduce the itching associated with inhalant allergy include antihistamines and fatty acids. Unfortunately, antihista-

*Continued on Page 6*

# Use of oils in human hair loss

The December 1999 *Archives of Dermatology* reports that researchers in Scotland massaged several oils into the scalp of patients with alopecia areata, a condition in which stress causes temporary hair loss. After seven months of treatment, 44 percent of the patients using this massage of thyme, rosemary, lavender and cedarwood essential oils showed significant improvement compared with only 15 percent of the non-essential oil group. The researchers point out that this type of aromatherapy caused no side effects, as compared to steroid treatments.

Hay, Isabelle C. Dr. Aromatherapy may treat hair-loss condition. *Archives of Dermatology*, Dec. 1999.

## Pending price increase (con't from Page 1)

submitting samples from dogs that are not going to be registered; and 3) better enables the pathologist to recoup losses associated with reading samples submitted for registration. (For most dermatopathologists, the cost of reading a standard biopsy is approximately \$50.)

Although a price increase is never something that makes a client happy, know that we are trying to keep costs down to a minimum for owners who submit samples from their dogs for registration.

— Dr. Robert Dunstan

### REMINDER!

This summer, remember that your dog is also at risk for skin cancer from ultraviolet radiation. Short-haired and light-colored dogs (and dogs with sparse coats due to a skin disease) are at the most risk.

To be safe, use an SPF-30 sun screen on areas not protected by the dog's coat, including the tips of his ears, the bridge of his nose and near the eyes.

## Update: SA in the Akita

**D**r. Robert Dunstan of Texas A&M (TAMU) has proposed to the GRF and the Akita Club of America that funds held by GRF for Akita SA research (more specifically, for vet costs for offspring of a proposed breeding between an affected Poodle and an affected Akita) be used instead to collect biopsy and blood samples for a research proposal on Akita SA to be sent to AKC/Canine Health Foundation. This use of the funds (about \$4,000) was approved, and the Akita Tissue Bank at TAMU was set up.

Samples from Akitas suspected of having SA, VKH-like syndrome or pemphigus could be read at a reduced rate for this special collection in the Comparative Dermatology Laboratory (a research laboratory) rather than in TAMU's commercial pathology laboratory. Dr. Dunstan now has enough biopsy samples from affected Akitas and has collected enough blood samples from normal Akitas at the Akita National Specialty in Maryland in October 2000.

He still needs blood samples (one purple-topped tube of blood) from Akitas with SA. If you can provide such a sample, please contact Dr. Dunstan at: Dermatopathology Specialty Service/Akita Research Project c/o Dr. Robert Dunstan, DVM, MS, Diplomate, ACVP; Department of Veterinary Pathobiology, Texas A & M University, VMS Bldg., Rm. 215, College Station, TX 77843-4467; Phone: (979) 845-2651; Fax (979) 862-1147; E-mail: RDunstan@cvm.tamu.edu

Drs. Dr Kelly Credille and Dunstan submitted a pre-proposal to AKC/CHF for funding in the 2000-2001 cycle, entitled "Localization of the Gene for Sebaceous Adenitis in the Akita Dog by Homozygosity Mapping," with Dr. Credille as the principal investigator and co-investigators Dr. Patrick Venta (Michigan State University), Dr. Keith Murphy (TAMU), Edward Cargill (TAMU) and Dr. Robert Dunstan (TAMU). This preproposal was accepted, and the actual proposal is now being written. The Akita Club of America has written a letter of support to AKC/CHF for this proposed research. 🐾

— Linda Wroth, Richmond, Calif.

## Pemphigus (con't from Page 2)

rush him to the hospital. He had a high fever and a bad case of the shakes. We came to the conclusion he had a bad reaction to the azathioprine, so we discontinued use. After four long months of his condition worsening and spreading throughout his body and medications being increased, our vet started consulting with a dermatologist. Three months later I was able to get a visit scheduled. That's when the next four punch biopsies were completed and the results came back with pemphigus foliaceus.

**Pemphigus foliaceus** is a cutaneous autoimmune disorder. Treatment is often life-long, however some animals will go into remission. Immunosuppressive therapy is required to control this disorder. At this time, Kuma had lesions and hair loss all over his body. His tail, the pads of his feet, his groin, his back and shoulders — literally everywhere! The option my vet was giving me was to administer Gold Salt injections into Kuma every week for as long as needed. The side effects would be muscle and joint soreness and nausea for three to four days after each shot. At this point Kuma had gone through too much irritation and pain to submit him to more.

I drastically changed Kuma's diet. Although there is great controversy about this, we switched him to an all-natural raw diet. An article in the *GRF Newsletter* suggested using natural oils and gentle products to bath him with, so I thought it would be wise to shave Kuma so the applications of topical treatments would be more effective. I had an oil made specifically for Kuma. So, our regimen consisted of prednisone, fish oil, natural diet, soaking in Thalassotherapy bath salts and using his "Kuma Oil" afterwards. Once again, everything was going well. Super, as a matter of fact! He was once again himself. He wanted to eat, he wanted to play and he wanted to be alive!

Four months later he plummeted so hard and so fast there was nothing we could do to help him but put him to sleep. Now I want to help others deal with this disease to honor Kuma.

Here are a few very important things I would consider if faced with this situation again: 1) early correct diagnosis is critical; 2) use natural therapy *and* pharmaceuticals — a delicate balance yet most effective; 3) do not push exercise when tired; 4) try Eastern and Western methods.

In stages, pemphigus can be conquered. Keep in mind that when it returns — and it will return — it will be stronger, more potent and much faster. You may be able to conquer the next stage also. Just be prepared. The velocity, strength and determination of the disease to stay alive is unbelievable. 🐾

**Ed:** Our thanks to Monica Curtis for sharing this painful story with us. Our condolences go to Kuma's family.



**Kuma in the last stages of pemphigus.**

# Essential fatty acids in the diet

by Sue Johnson

**E**ssential Fatty Acids, or EFAs for short, are polyunsaturated fats that a dog cannot make himself. Therefore, we need to provide EFAs, specifically Omega 3s and Omega 6s, in the diet in a usable form for optimum health. Since most foods, whether you feed a raw or home cooked diet or a commercial dog food, have plenty of the Omega 6s, this month I'd like to concentrate on the Omega 3s.

The Omega 3s we are interested in are ALA (alpha-linolenic acid), EPA (eicosapentaenoic acid), and DHA (docosahexaenoic acid). Although all three are essential, it is the EPA and its concentration that is most important. Plant sources, such as flaxseed oil, are loaded with ALA, which the body converts to EPA but this conversion does not happen in the skin. Marine fish body oils (as opposed to cod *liver* oil) are high in EPA and DHA and no converting is necessary. There is some evidence that low thyroid dogs are not efficient converters of ALA and therefore, benefit more from a fish body oil supplement than a plant oil supplement, such as flaxseed or hemp oil.

Although we often think an oil supplement is given for skin and coat, the benefits of the Omega 3 EFAs are many. In addition to improving skin and coat health, Omega 3s reduce inflammation, may prevent certain cardiac conditions, promote a healthy immune system in developing fetuses, and are needed for proper development of the retina and visual cortex. The Omega 3s may slow the development and spread of certain cancers. Supplementing with Omega 3s is especially important for dogs with skin allergies and irritable bowel syndrome or disease. Dogs fed reduced-calorie diets are often deficient in both the Omega 3s and Omega 6s.

There are many essential fatty acid supplements on the market but many contain additional sources of the Omega 6s. Since we are trying to increase the ratio of the Omega 3s to the Omega 6s, it is preferable to give supplements that only contain the Omega 3s. The simplest and most economical way to increase the Omega 3s is to give cold pressed flaxseed oil and fish body oil. These are readily available at your local health food store. For a typical English Setter, weighing anywhere from 45 to 75 pounds, adding one tablespoon of flaxseed oil three or four times a week to the food, with a couple of fish body oil softgels thrown in is usually an adequate amount. To preserve the mixture and aid the EFAs benefits in the body, 200-400 IU of Vitamin E should be given whenever you use oil supplements.

Essential fatty acids are extremely fragile; quickly going rancid when exposed to heat, light and air. Any Omega 3 oil supplement you purchase should be in a dark sealed bottle, preferably refrigerated, and the softgels should be black or dark brown. Some people like to buy whole flaxseeds and run them through a coffee grinder to put on the food. Approximately three tablespoons of ground seeds equals one tablespoon of oil. This is a great way to get the benefits of the whole seed, including its natural antioxidants. However the seeds need to be fed immediately after grinding since once again, they are exposed to light and air and will start to deteriorate. Fish body oils are available in the softgels as I previously mentioned or in an emulsified liquid form. I've found the liquid has a very fishy odor and my dogs were not as likely to eat it on their food. However, they will eat the softgels right out of my hand! 🐾

*Reprinted with permission of the author; first printed in AKC Gazette English Setter column, July 2000.*

## SA/Addisons Discussion List

**T**here is a new support group for people who have dogs with Sebaceous Adenitis (SA) and/or Addison's disease. This group allows you to share with others and learn how to care for your dog, as well as help others with their questions.

There are many different breed discussion lists, but there was not a list specifically for people to discuss SA. Owners of these dogs could not ask questions on the regular lists without people simply asking, "who are the sire and dam," and then not offering any help with their questions. While it is important for breeders to know who the parents are, that is not what this list is about. Its purpose is to learn from the experiences of others, help others treat their dog and try to give the dogs the quality of life they so deserve.

Since our dogs give to us unconditionally, let's return the favor and give to them unconditionally.

If you know of any owners of dogs with SA and/or Addisons, please share this site with them. It will help you and your beloved friend.

To join, go to:

[http://groups.yahoo.com/  
group/SA\\_Addisons](http://groups.yahoo.com/group/SA_Addisons)

You will first need to sign up for the Yahoo groups, then you will be contacted with a brief questionnaire. 🐾

— Nancy Schmidt

## Web Sites of Interest

### Companion Animal Dermatology

<http://www.vetmed.iastate.edu/vth/derm/>

### Versatility in Poodles

<http://www.vipoodle.org/>

### Akita Club — Health

[www.akitaclub.org/health/sa.htm](http://www.akitaclub.org/health/sa.htm)

### Sebaceous Adenitis

[www.sebadenitis.de](http://www.sebadenitis.de) (German site — for translation go to Altavista Babelfish at <http://babel.altavista.com>)

# Inhalant Allergies

(con't from Page 3)

mines are not as successful in relieving itching in dogs as they are in relieving symptoms of allergy in people. Fatty acids include Omega 3, 6 fatty acids which can be found in fish oil. There has been reported a 20 percent success rate when fatty acids are used together with antihistamines in attempting to reduce allergy symptoms in dogs.

Most important to remember is that inhalant allergy is hereditary in the dog and could be controlled through conscientious breeding. However since some allergic patients do not show up with allergy until 3 years old, they could have already been bred numerous times producing many allergic offspring. The number one breed I see in my practice with atopy is the Labrador Retriever, possibly because it is currently the number one breed in the United States. We have had Lab patients in as young as 4 months old that were exhibiting signs of inhalant allergy! Quite surprisingly most owners do not realize that allergy is hereditary in dogs as it is in people. It can be frustrating and expensive to treat a dog with inhalant allergy for both the owner and veterinarian because there is no cure. As mentioned above, desensitization is the safest option but can be expensive and is only effective 75 percent of the time. For pets whose owners cannot afford skin testing and desensitization, most are destined to a life of cortisone and its deleterious consequences. 🐾

— Alice Jeromin, DVM, Diplomate,  
American College of Veterinary  
Dermatology, Richfield, Ohio

# Sebaceous Adenitis

(con't from Page 1)

(alopecia) and scaling are seen. These may join up to form large patches. SA-affected dogs are rarely itchy (pruritic) unless there is secondary bacterial infection. In the Standard Poodle, scaling usually precedes alopecia. Signs may be subtle, and may start on the head, ears or feet. Eventually severe hair loss and scaling may be seen.

The Japanese Akita tends to have a greasy and scaly coat, with considerable loss of undercoat. A rash may affect the skin, and some Akitas show signs of being unwell, with raised temperature and weight loss. The Samoyed is often affected with severe crusting of the coat, leading to matting and eventual hair loss on the trunk. In the German Shepherd Dog disease often starts on the tail, progressing to involve the rest of the body.

The course of the disease also varies, with waxing and waning signs in some dogs; some may even return to normal, although these often relapse.

## Making the Diagnosis

The diagnosis of SA is suggested from the history and clinical signs and confirmed by skin biopsy. Confirmation may prove difficult, as inflammation of the sebaceous glands can form a part of many other skin diseases in the dog. To make a diagnosis of SA, either specific changes affecting the glands need to be seen, or there has to be a complete absence of glands in the biopsies.

## Treatment

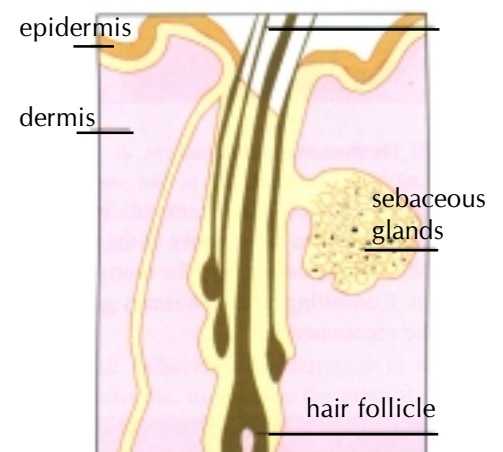
Treatment of SA focuses on two different aspects of the disease. Firstly, the active inflammatory part of the disease needs to be controlled, if possible. Secondly, the consequences of loss of sebaceous glands have to be limited.

Response to treatment depends on how badly the glands have been attacked, and how many are affected. If all the glands have been destroyed, then the inflammation goes away, but the effects of this loss will last for life.

The inflammatory (immune response) part of the disease has been treated with several drugs. Steroids are sometimes effective early in the disease process, but can have serious side effects. Cyclosporin, a drug which suppresses the immune system, has been used, but it is very expen-

Continued on next page.

### Anatomy of the sebaceous gland.



**The skin contains two layers: the outer epidermis, itself consisting of 5 or 6 layers, and an inner dermis made up of fibers, cells, hair follicles, glands, blood and lymph vessels and nerves. Sebaceous glands are found throughout haired skin and open via a duct into hair follicles.**

# GDC calls for use of open registries

by George Packard

Let's say you are a breeder interested in a particular dog and worried about genetic disease. Would you rather base your decision on how many "normals" there are in his vertical pedigree, or on how many carriers and affecteds there are among his littermates, half-siblings and offspring?

If you answered, "normals in the pedigree," you are one of thousands of breeders GDC hopes to reach in the coming year. That's because you are probably still trying to breed in a way that has failed for 30 years to make any significant reduction in the prevalence of genetic disease in dogs.

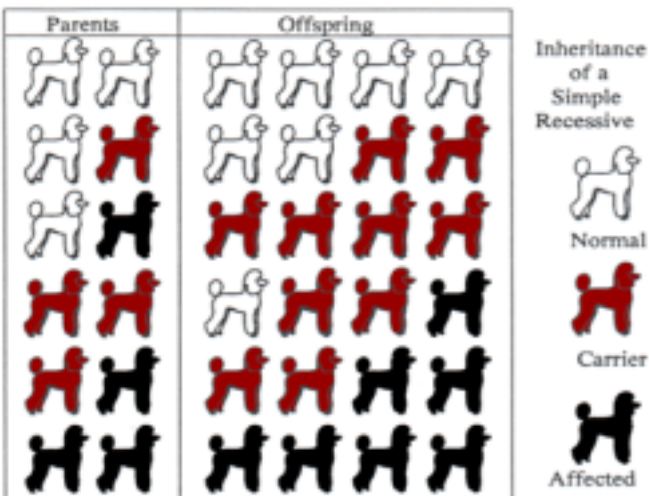
Unfortunately, you are not alone. The majority of breeders in the United States remain uninformed or misinformed about the effectiveness of open registries and breeding decisions based on the knowledge of a dog's genotype. In effect, the genetic health of our dogs is held hostage to the general lack of awareness of open registries and their use.

The Institute for Genetic Disease Control was founded in 1990 on the expectation that significant numbers of breeders would quickly see the value of using an open registry for breeding decisions based on the knowledge of where affected dogs and carriers appeared in a dog's close family. But even with the strong support of thousands of breeders, GDC has not been successful in reaching enough breeders to make a significant difference in reducing genetic disease.

Therefore, GDC is shifting its primary focus towards an aggressive advocacy campaign for the widespread use of open registries and effective breeding methods. "Our shift in focus is driven by the realization that the best open registry in the world won't help if breeders won't use it or don't understand how to use it in their day-to-day breeding decisions," said Dr. Paul W. Poulos Jr., GDC's executive director.

As part of this effort, GDC has created an e-mail newsletter for people interested in advocating for and using open registries, and an on-line discussion group for breed club health committee members and others who are actively working to reduce genetic disease in their breed. To join either of these lists, or for more information, e-mail your request to GDC@sigmaxi.org or call George Packard, (603) 456-2286 (New Hampshire).

## Inheritance of a Simple Recessive Gene



Reprinted by request from an earlier GRF newsletter.

## Sebaceous Adenitis

(con't from Page 6)

sive and its safety has yet to be proven in the dog. Retinoids, a group of drugs derived from Vitamin A, are also occasionally used. These too are very costly and must not be used in breeding bitches.

The dryness, scaling and resultant coat loss may respond to high doses of essential fatty acids (e.g., evening primrose oil/ fish oil combinations). Topical bath oils, emollients and humectants (conditioners) trap moisture on the skin and hair and may help. Scales can also be reduced by the use of anti-scaling shampoos, although these tend to be drying to the skin. Often a combination of measures is used, although the response can be poor.



SA in the Lhasa Apso. Note the hair loss and scaling on the trunk.

Article and art reprinted with permission from The Pedigree Dog Breeder, Jan./Feb. 2000. Printed in England.

### Note:

If you have a dog diagnosed with sebaceous adenitis, and you have not filled out the GRF Survey, please visit the web site at:

<http://webpages.marshall.edu/~drastura/SAsurvey.html>

If you have found any treatments or easier methods you would like to share, please contact us using one of the methods on Page 2.

# Reality Check: Breeds Known (so far) to Have SA

Airedale Terrier  
Akita  
American Eskimo\*  
Basset Hound\*  
Beagle\*  
Bichon Frise\*  
Border Collie\*  
Cairn Terrier  
Chesapeake Bay Retriever\*  
Chow Chow\*  
Collie  
Dachshund  
Dalmatian  
English Cocker\*  
English Springer Spaniel  
German Shepherd Dog  
Golden Retriever  
Great Pyrenees\*  
Havanese  
Heeler  
**Hovawart**  
Irish Setter  
**Jack Russell Terrier**  
Labrador Retriever  
Lhasa Apso  
Maltese  
Miniature Pinscher  
Mixed Breeds  
Old English Sheepdog  
Poodle, Standard  
Poodle, Miniature  
Poodle, Toy  
Rottweiler\*  
St. Bernard  
Samoyed  
Shetland Sheepdog  
Shih Tzu  
Vizsla  
Weimaraner  
Welsh Corgi, Pembroke

## **Bold = New from Last Newsletter**

\*GRF Survey respondents reporting skin biopsies positive for SA

*Please share your photos and stories of dogs with genetic skin condition for inclusion in a future newsletter and web site!*

## Want to aid canine skin research?

The GRF is a non-profit organization providing education and scientific support for research leading to the alleviation of animal suffering through understanding, diagnosis, treatment, cure and prevention of heritable skin diseases. We depend on your support.

- Add my name to the mailing list for a free subscription.
- I want to be a member of GRF. Cost is \$20 for individual or family.
- Here's my contribution for skin research and education.

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City \_\_\_\_\_

State/Zip/Country (if not U.S.) \_\_\_\_\_

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E-mail \_\_\_\_\_

*Return to:* GRF, 3818 22nd St. NW, Canton, OH 44708

*Make checks payable to:* The Genodermatosis Research Foundation

*Donations to GRF may be deductible. Contact your tax advisor for details.*

## **Genodermatosis Research Foundation**

Jo Ann Geramita, Secretary  
3818 22nd St. NW  
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