

Feline Juvenile Gingivitis

Feline juvenile gingivitis is a pronounced generalized inflammation of the gingival tissues in the young cat.

It is typically diagnosed between 7-10 months of age. This juvenile form of gingivitis may represent exaggerated tooth eruption inflammation, viral exposure (FeLV, FIV, Calicivirus), immune-mediated disorders, or a multifactorial response. Typically, periodontitis changes, including alveolar bone loss, gingival resorption, pocket formation, and/or root exposure, are not seen.

In many such cases if the oral inflammation can be controlled and kept controlled for the first 2 years of life, recurrence may be decreased or prevented altogether. At this age these patients often mature into a more normal state. On the other hand, juvenile cats with this form of oral inflammation who are not controlled aggressively at a young age suffer permanent anatomical changes and frequently progress to severe periodontitis or even stomatitis.

Patients with these symptoms require detailed oral and dental assessment under anaesthesia. Meticulous dental cleaning should be performed even though minimal plaque is usually present. In applicable cases, extraction of persistent deciduous teeth may be necessary. The home care must be tailored to the individual patient based on the influences of the owner, animal, and environment. Tooth brushing is considered the gold standard of care however this may be too uncomfortable for many of these patients at least until early control is achieved. Other options include dental formulated diets, Chlorhexidine rinses and gels, dental treats, and water additives.

The cat's response to initial professional treatment is a good prognostic indicator. If a cat shows significant reduction in gingival inflammation, the chances of eventual full recovery are improved. Many patients enter remission by the second dental cleaning visit. Repeated professional dental cleaning visits may be required every 3 months until adulthood is reached (18-24 months). If owners cannot provide home care, maintenance cleaning visits may be required as frequently as every 4 weeks until remission is achieved. Once the individual reaches maturity, a more normal state may be achieved and less frequent professional visits are required. If aggressive attempts to control gingivitis are unsuccessful, long-term prognosis is guarded and extraction of teeth may need to be considered.

Most of these patients also benefit from concurrent incorporation of immunomodulation as well as the recommended professional and home plaque control. There has been success using feline interferon omega, low dose daily doxycycline, and steroids.

Feline Juvenile Periodontitis

Another oral inflammatory condition seen in young cats is Feline juvenile periodontitis.

This syndrome is differentiated from feline juvenile gingivitis by the presence of periodontal attachment loss. Dental radiographs will demonstrate alveolar bone loss if taken in these patients. Other anatomic changes are common, including gingival dehiscence, periodontal pocketing, and furcation exposure. Juvenile periodontitis starts in cats less than 9-months of age.

Certain pure breeds seem predisposed (e.g. Siamese, Abyssinian, Burmese, Himalayan, Persian) but any cat could be affected. There is usually abundant dental plaque and calculus. This syndrome is approached in similar fashion as feline juvenile gingivitis, with the exception that extractions are frequently necessary. Teeth with bone loss, root exposures that are more plaque-retentive should be removed to create a healthier oral environment and improve the prognosis for salvage of other teeth.

Like cats affected with juvenile gingivitis, many of these cats go into remission fairly quickly, but require more frequent professional cleaning visits than the average cat. The response to initial professional care can help determine long-term prognosis. Uncontrolled juvenile periodontitis will likely progress to adult periodontitis or stomatitis, requiring full-mouth or near full-mouth extractions.

The treatment approach elected depends on many factors including the severity of inflammation, the commitment of the pet owner to oral care, the pet owner's expectations (do they want the quickest resolution; are they more inclined to "be done with it" or do they want to save teeth).

Cost will depend on the approach taken: Will it be diagnostics and cleaning with strategic extractions? Or will it be full mouth extractions right from the onset? Ideally these cats receive professional dental care and/or surgery before they are critical, and most will eat readily after surgery if appropriate pain management is provided.

For both juvenile gingivitis and periodontitis patients, post-professional treatment care should include home plaque control, repeated professional visits, immunomodulation, antibiotics, and analgesic medication as needed.



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