



## Interesting Case from our web site [www.fairfield-vets.co.uk](http://www.fairfield-vets.co.uk)



### “Tess” - GSD with Anal Furunculosis



When Mrs York came to see me with her German Shepherd dog, Tess, she had started to chew the hair off her back. I thought it might be part of a previously diagnosed allergy. This had caused recurrent ear infections, and before I saw her for the first time in May, Tess had been going through life constantly shaking her head.

Discovering that this underlying allergy had caused these problems with her ears, treating it had made Tess a considerably happier dog.

As part of my examination I checked the anal glands, in case they were overfilled or inflamed, which can cause similar symptoms. Unfortunately, when I lifted her tail, I realised we were dealing with another problem. Her anal region was ulcerated, and this is the main symptom of a condition known as anal furunculosis or perianal fistula.

Anal furunculosis is a condition affecting German Shepherd dogs more than any other breed. It can often go undetected in the early stages. However, as the disease progresses, straining, with painful defaecation, and blood streaked faeces, may be noticed.

There may be excessive licking, and often self-mutilation together with reluctance to sit. Tail movements may become painful and there may be a resentment of any approach to the anal region. Often the dogs start losing weight.

The cause remains undetermined. Impaction or infection of the anal sacs has been suggested, as well as poor ventilation because of the broad-based tail and low carriage. Indeed tail amputation at one time enjoyed popularity as a method of treatment.

Recent work indicates the condition may represent an abnormality of the immune function. It has been compared with Crohn's disease in humans, as this disease can also cause perianal fistula. Dogs often have concurrent inflammatory bowel disease and when we took biopsies of the colon, we found this to be the case with Tess.

Because the exact cause is not known it has resulted in an inability to identify a routinely successful therapy. Until recently surgery has been the treatment of choice. However it is directed at the lesion and not the underlying cause.

Recent success of medical treatment with immunosuppressive medication has supported the theory of an immunologic abnormality. However, using a drug like cyclosporine in as large a dog as Tess will cost around £20 a day.

Tess is therefore being treated with an immunosuppressive dose of prednisolone in combination with a selected protein diet. The response of perianal fistula to this treatment has also been described as encouraging and, indeed, in Tess' case the ulcers soon disappeared.

It has been accepted that some cases are unresponsive and therefore Tess has regular check ups to closely monitor her weight and a possible recurrence of these fistula. After an initial loss in weight, Tess is now in a good condition and hopefully we will be able to keep this pain in the bum under control.

By Ingrid Segboer MRCVS

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This article is available on the Fairfield Veterinary Centre web site at [www.fairfield-vets.co.uk](http://www.fairfield-vets.co.uk)

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