

Quick Tips - Internal Medicine

Jennifer Kaae, VMD, DACVIM

Nasal Aspergillosis

Clinical signs of nasal *Aspergillus fumigatus* in dogs include mucoid to hemorrhagic chronic nasal discharge, ulceration and depigmentation of the nares, facial swelling, and pain on palpation of the face. Differential diagnoses include neoplasia, idiopathic lymphoplasmacytic rhinitis, nasal foreign body, tooth-root abscess, and disorders of hemostasis in patients presenting with epistaxis. Nasal fungal disease is not a sign of immunocompromise in canine patients, and systemic Aspergillosis is extremely rare.

Ideally, the diagnosis of *Aspergillus* is made based on rhinoscopic exam and direct visualization of fungal plaques; however, combining nasal CT scan, rhinoscopy, and nasal cytology, culture, or biopsy is sometimes necessary. CT is important both for identifying frontal sinus involvement and for confirming integrity of the cribriform plate. *Aspergillus* serology is reported to have only 67% sensitivity, and a negative *Aspergillus* titer should not be used to rule out infection. *Aspergillus* culture is fairly sensitive, but is not specific for the disease.

Treatment of canine Aspergillosis consists of topical infusion of enilconazole or clotrimazole via intranasal catheters. The infusion is given over a one-hour period during which the patient is rotated to allow coating of all nasal turbinates and sinuses. In patients with significant sinus involvement, trephination of the sinus prior to infusion allows for debridement and flushing. Systemic antifungals have lower efficacy and are only recommended in patients with cribriform plate compromise.

It is common for patients to require two to three intranasal infusions to resolve disease, and about 50% of patients continue to have mild chronic rhinitis secondary to irreversible turbinate destruction. Thankfully, however, the long-term outcome for treated patients is good.



901 East Francisco Blvd.
San Rafael, CA 94901

415.456.7372
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