SEVPAC Case VS12-624

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Signalment and History

• Male castrated Domestic Long Hair cat, unknown age

• Presenting complaint: diminished eating and drooling
Physical Exam

• Pain on opening the mouth
• 1 cm diameter raised ulcerated mass located on the proximal, dorsal tongue
• Clinical differentials: oral squamous cell carcinoma, eosinophilic granuloma complex, lymphocytic plasmacellular glossitis
• Biopsy sample collected
Ulcerated Surface of Lingual Mass
Lingual Mass
PAS
Morphologic Diagnosis

Tongue: Glossitis, pyogranulomatous, severe, chronic, multifocal, with intralesional fungal hyphae.

Pseudomycetoma
Presumed causative agent: *Microsporum canis*
Pseudomycetoma

• Dermatophytes normally infect keratinized tissue
• Pseudomycetoma: a rare form of dermatophytosis in which the dermis is invaded
• Mycetoma: cutaneous or subcutaneous infection. Swelling, draining tracts, and grains in pus
• Pseudomycetoma vs Mycetoma
  – Both present clinically as ulcerated nodules with “tissue granules”
  – Etiologically
    • Pseudomycetoma: dermatophyte
    • Mycetoma: bacterial or fungal
  – Clinically pseudomycetomas tend to have:
    • Absence of obvious skin trauma
    • Multiple nodules
  – Microscopically pseudomycetomas tend to have:
    • Greater Splendore-Hoeppli reaction material
    • Less cement material in granules
    • Fewer fungal hyphae
Conclusion

• Predisposed: Immunosuppressed animals and Persian cats
• Rare case in an unusual location
• Similar cases:
  – No oral pseudomycetomas in veterinary literature
  – Abnormal location: intraabdominal in a Persian cat
  – Human cases: oral cavity eumycetomas
References:

Questions?