

SKIN FOLD PYODERMA

What is skin fold pyoderma?

Pyoderma is the medical term for a bacterial skin infection. Skin fold pyoderma is one of the major forms of skin infection. One of the more common forms of skin infection is associated with acute moist dermatitis or “hot spots”.

Skin fold pyoderma is an inflammatory skin disorder that occurs on two opposed or contacted skin surfaces. The skin folds allow the surface of the two adjacent areas to lie in close contact, creating a warm, humid environment. The normal skin bacteria then multiply, creating an infection in the fold.

Certain breeds appear to be predisposed to the condition. These include:

- Spaniels with lip fold pyoderma
- Pekingese, Pugs and Bulldogs with facial fold pyoderma affecting the wrinkles on the face and nose
- Shar Pei and other breeds with loose skin and skin folds. It can be found in the folds of the groin and the axilla (armpit) and also between the mammary glands.



What are the signs of skin fold pyoderma?

Signs of skin fold infection include moistness, discharge, redness and a foul or musty odor.

How is skin fold pyoderma treated?

Mild cases of skin fold pyoderma respond well to medical treatment. The area has to be cleansed and sometimes the hair must be clipped. If the hair is clipped, care has to be taken that `stubble' is not causing damage to the opposing skin surfaces. Antibiotics, frequently combined with steroids, are administered topically, orally or by injection. The affected areas must be kept clean and dry. It is important to monitor the area for any signs of recurrence.

Chronic cases or cases that do not respond well to medical treatment may require surgical removal of the skin folds. This frequently has to be carried out on affected Shar peis and Spaniels and flat faced breeds such as Pugs and Boxers.

Does the condition recur?

Recurrence is likely following medical treatment in affected dogs. Proper home care and hygiene are your best defenses against future problems.

*This client information sheet is based on material written by Ernest Ward, DVM.
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