CAUDAL STOMATITIS
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This condition is commonly called “stomatitis”, which is a misnomer. ANY oral inflammation is “stomatitis”, whether it be gingivitis or a caustic burn. Caudal stomatitis is a very misunderstood oral inflammatory disease in felines. It can be categorized into two types based on the involvement of the caudal aspect of the oral cavity. If the inflammation does not involve the caudal aspect of the oral cavity, it is type 1. Type 2 presents with inflammation to the caudal aspect regardless is inflammation is present elsewhere or not. It is the type 2 that is caudal stomatitis.

Clinical Presentation:
Caudal stomatitis presents as a severe inflammatory reaction of the oral tissues including the caudal mouth, known as caudal mucocitis. (Figure 1) This was previously known as faucitis. It is the mucocitis that delineates caudal stomatitis from periodontal disease. Inflammation from periodontal disease will not extend caudal beyond the teeth. (Figure 2) The inflammation is usually seen bilaterally with very friable tissue that readily bleeds. Cats generally present with halitosis, difficulty eating or reluctant to eat, oral pain, pawing at mouth, drooling and poor hair coat due to lack of grooming.

Figure 1: Caudal Mucositis
This is almost diagnostic for caudal stomatitis

Figure 2: No caudal stomatitis
This patient has periodontal disease
**Etiology**

The etiology of this disease is currently unknown. It is believed to be a multi-factorial process with possible causative agents being an inflammatory response to plaque bacteria, viruses or altered immune state.

**Diagnostic tests:**

*Diagnosis is made on the basis of visual inspection. Inflammation which extends to the caudal mouth bilaterally is almost pathognomonic.* Viral testing should be included in minimal database of CBC, chemistry panel, T4 and urinalysis to evaluate the FeLV and FIV status. A blood panel will reveal a polyclonal gammopathy. Both FeLV and FIV can have an adverse effect of the prognosis of the outcome following treatment. A biopsy should be obtained to confirm the diagnosis prior to making a treatment plan if the lesion is not classic. Dental radiographs should be an included diagnostic tool to rule out any retained roots or unusual pathology.

**Management:**

The goal of treatment is to eradicate the oral inflammation, although a decrease in the inflammation is sometimes all that can be accomplished. Surgical therapy is the treatment of choice. Any tooth that is affected with inflammation should be extracted. Daily homecare should be performed on any teeth that are not extracted to minimize plaque and calculus accumulation. **Complete** extraction of all teeth caudal to the canines has the most long term success when there is no inflammation involving the incisors or canines. When the inflammation is significant and extends to the canines, full mouth extractions are indicated. Post-operative dental radiographs are mandated to ensure no tooth remnants remain.

Even with extractions, some cats only partial resolution of the inflammation. In these cases medical management becomes the long term solution. Prior to medical management, dental radiographs should be taken to ensure no tooth roots are present. **(Figure 3)** Patients with long-standing, chronic inflammation which has been treated with high doses of glucocorticoids typically have a poorer response following extraction. **The earlier the extractions are performed the better the outcome.**

![Figure 3: Retained roots.](image)

This patient received full mouth extractions elsewhere with no response, Numerous retained roots are found on dental radiographs (red arrows). Extraction of these roots relieved the inflammation.

Medical therapy for the patient that has not responded to full mouth extractions, or the client that is reluctant to have extractions performed include the use of feline Interferon, cyclosporine and corticosteroids. Antibiotics may show slight improvement in the amount of oral inflammation. Oral rinses with 0.12% chlorhexidine may be beneficial as well.