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LETTER TO EDITOR

Importance of Routine Screening for FIV Infection in Aged Cats (Yaşlı Kedilerde Rutin FIV Enfeksiyonu Bakısının Önemi)

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Dear Editor,

In the following case, Feline Immunodeficiency Virus (FIV) in a 9 year old cat is described with physical, laboratory, and pathological features to emphasize the importance of routine screening for FIV infection in old cats with especially stomatitis and chronic weight loss symptoms.

FIV is the main retrovirus of domestic cats. The infection, similar to the human immunodeficiency virus, is characterized by a long asymptomatic period, followed by increased susceptibility to opportunistic infections. In many cases, the clinical signs are the result of a secondary infection. FIV itself is responsible for immunodeficiency (making the cat more susceptible to secondary infections and neoplasia) or immune stimulation (resulting in immune-mediated disease). FIV infected cats usually had already been developed one or more diseases, which is called AIDS Related Complex (ARC) [1]. In majority, observed symptoms include stomatitis, gingivitis, weight loss of more than 20% of the body weight, respiratory tract diseases, dermatitis, wide-spread lymphadeno-pathies, secondary infections, chronic inflammations, neoplastic diseases and stomatitis [2]. The virus is excreted with the saliva, nasal discharge, urine, vaginal discharge, faeces and blood of carrier or sick animals and is common worldwide. The prevalance of FIV was reported to be from 1.2% to 43.9% [3] in the world, and 22.3% in Turkey [4].

A 9 year old male cat was referred to our clinics with pyogranulamatous dermatitis at the head *(Fig. 1)*, advanced stomatitis, gingivitis *(Fig. 2)* and failure in eating. In the clinical examination, significant weight loss and lymphadenopathic submandibular lymph nodes were determined in addition to severe stomatitis and gingivitis. Cell blood count revealed macrositic, hypochromic anemia (RBC 2.5x10^6/mm^3, MCHC 32 g/dL, MCV 56 fL, Hb 4.5 g/dL), leucocytosis (WBC 27.000/mm^3), lymphocytopenia (1.080/mm^3), neutrophilia (24.030/mm^3), high band neutrophil count (540/mm^3) and platelet clumps were determined. Rouleaux formation observed in red blood cells were neglected due to the fact that it is accepted normal in cats and horses [5].

Serum biochemistry indicated normal liver enzyme profile, glucose, blood urea nitrogen and creatinin levels, where a high total protein level (10.4 g/dl) and an albumin level of (2.3 g/dl) were determined; suggesting a low albumine/globuline ratio which is a possible indicator of an expected humoral reaction.

ELISA detection for FIV antibodies was positive and for Feline Leukemia Virus antigen was determined negative.

Biopsy material obtained from the skin and oral lesions (*Fig. 1* and *Fig. 3*) revealed degenerative and necrotic changes, wide erosive areas and ulcerations. In both tissues, there were pseudomembranes covered with necrotic epithelium and inflammatory cells at the epithelium surface from place to place. In dermis and oral submucosa, intensive mononucleer cells and many neutrophile infiltrations especially around veins, were

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determined. No infectious agents were observed at spesific dyings. These microscopic findings indicated erosive-ulcerative dermatitis and stomatitis.

Since old cats with FIV infection do not present spesific symptoms, the practicioners usually focus at the treatment of the signs and misdiagnose the case, mostly due to the limited number of veterinary diagnostic laboratories in our country. However, for the last few years, success to some extend had been achived by the virustatic agents (AZT, PMEA) in the treatment of the disease. With this case, we wanted to present the unspesific clinical reflection of the disease to emphasize the importance of routine screening of FIV infection in old cats with various symptoms, especially gingivitis, stomatitis, severe weight loss and dermatitis, for that, occurate diagnosis will lead to accurate therapy and in addition will prevent the spreading of the virus.

Fig 1. Pyogranulamatous dermatitis at the head, which biopsy material obtained

Fig 2. The view of advanced stomatitis and gingivitis

Fig 3. The view of oral lesions, which biopsy material obtained from

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