Feline Lymphoplasmacytic Stomatitis: Report of Six Cases

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(Received: March 27, 2001. Accepted: May 21, 2001.)

ABSTRACT Six cats, five male and one female, aging from 3 years to 9 years old were diagnosed with feline lymphoplasmacytic stomatitis at our university veterinary hospital from July 1998 to May 2000. The major clinical signs of the sick cats were anorexia, difficulty in prehension of foods, pain, and ptyalism. Physical examination showed erythematous, raised, ulcerative, and proliferative lesions on the gingiva, buccal mucosa, glossopalatine arches, and tongue. Microscopic examination revealed a marked and extensive infiltrate of admixtures of mature plasma cells and lymphocytes associated with mucosal hyperplasia. The mature plasma cells with Russell’s bodies, forming intracytoplasmic globules and bulging from the cytoplasm, were frequently seen. Moderate edema and newly formed blood vessels were observed. In ulcerative areas, a number of neutrophils are accompanying with lymphoplasmacytic infiltrate. ELISA for Feline leukemia virus (FeLV) antigen and feline immunodeficiency virus (FIV) antibody was tested in one cat but with negative result. Three affected cats had been received corticosteroid treatment. Symptoms were temporarily relieved, but recurred once treatment had ended. The definite diagnosis is made on the basis of clinical signs and characteristic histopathological findings. To our knowledge, the disease has not been reported in Taiwan, increased awareness of this disease will allow the veterinarians for making earlier diagnosis and more effective treatment.

Key words: Feline, lymphoplasmacytic stomatitis

INTRODUCTION

Feline lymphoplasmacytic stomatitis in cats is a distinct form of stomatitis. There are several synonyms including feline plasmacytic stomatitis, feline gingivitis-stomatitis-pharyngitis complex, and plasma cell stomatitis-pharyngitis. The actual cause of the disorder still remains unknown, although bacteria, calcivirus, feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), herpesvirus, concurrent systemic diseases, and immune-mediat-ed causes have been considered as possible etiologies [1,2,3,5,6,8]. Clinical expressions of the affected cats usually show anorexia, difficulty in prehension of foods, pain, and ptyalism. Typical gross lesions are manifested by red swelling, ulcerative and papillomatous proliferation in the oral cavity, particularly involving the gingiva, glossopalatine, and pharynx, as well as submandibular lymphadenopathy [1,3,8]. Characteristic features of the microscopic findings are a dense of admixtures of plasma cells and lymphocytes with varying numbers of neu-