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FELINE GINGIVOSTOMATITIS (FG)

Since the first report of Feline Gingivitis-Stomatitis-Pharyngitis in 1983, little new information has contributed to our understanding or treatment of this frustrating, chronic disease with no known cause. Cats of all ages and breeds appear susceptible to this disease. Common clinical symptoms include difficulty eating, drooling, bad breath, painful behaviors, weight loss and dehydration.

Based on examination of oral tissues and x-rays, it appears that many different clinical forms of feline gingivostomatitis (FG) might exist. Different subsets of FG patients seem to respond differently to antibiotics, steroids, periodontal treatment and selected or full-mouth dental extractions. The subsets of patients or spectrum of diseases include those with periodontal disease, dental resorptive lesions, Calicivirus infection, Bartonella henselae or Cat Scratch Fever, infection with feline immunodeficiency virus (FIV), and development of, or progression to the most common feline oral cancer, squamous cell carcinoma.

Common to all these subsets of FG patients is intense erythema (redness), ulceration, and proliferation of the gingiva (gum tissue) and mucosal tissues with frequent involvement of the top and sides of the oral cavity, with less common extension into the pharynx or tissues under the tongue.

Recommendations for therapy in FG and the ability to assign a prognosis are challenging due to the poorly understood cause of the disease. Current therapies include full-mouth dental extractions, chronic systemic corticosteroid (prednisone) treatment, various supplements and oral rinses. Extraction of all premolar and molar teeth has resulted in the best clinical cure in 60% and significant improvement in 20% of cases. The healing of affected cats following extraction of teeth with dental resorptive lesions is significantly better than for those without resorptive lesions.

A patient is deemed “refractory” if it has had a limited response to periodontal treatment including extractions. There is no consensus among veterinary dental experts regarding the optimal management of the feline patient with refractory disease, though monthly steroid injections may maintain an acceptable level of oral comfort. Systemic cyclosporine and feline interferon therapy, though limited in its availability, have provided relief for FG patients as well. The therapy of choice would be one that allows for clinical remission, immediate patient improvement, and retention of healthy teeth within the mouth and has limited side effects.

Our better understanding of this disease process in the future will lead to more effective treatment. Research efforts are underway!