

Dermatoses Related to Sex Hormones

A 6-year-old intact Pembroke Welsh corgi was evaluated for bilateral symmetric alopecia and hyperpigmentation. In addition to the dermatologic finding, the only abnormality noted was cryptorchidism of the right testicle. Routine laboratory work and screening tests for hyperadrenocorticism and hypothyroidism revealed no abnormalities. Serum estradiol was elevated (161.52 pmol/L; normal for intact male dogs, <55.0 pmol/L), however, and a diagnosis of Sertoli cell tumor was made. Abdominal ultrasonography revealed a mass that was removed via laparotomy, along with castration of the left testicle. Over the next 4 months, the alopecia resolved and serial estradiol concen-

trations returned to normal. An ELISA for human anti-Müllerian hormone (AMH) was used to measure AMH concentrations from this dog, 2 intact normal dogs, and 2 castrated dogs. Presurgical AMH concentration was 79,968 pmol/L in the corgi; postsurgical concentration was <0.71 pmol/L. Serum concentrations for the intact dogs were 25.91 and 48.26 pmol/L, respectively, and <0.71 pmol/L in both castrated dogs.

■ Commentary

Sex hormone-related dermatoses are uncommon, especially in countries where spaying and neutering are common. In dogs, 2 syndromes are associated with hyperestrogenism: feminization of male dogs with testicular tumors and

hyperestrogenism of intact female dogs. In male dogs, in addition to noninflammatory, bilateral symmetric alopecia, affected dogs may have seborrhea, enlarged nipples, and linear preputial dermatoses. The latter is a distinctly linear line of hyperpigmentation from the preputial orifice to the ventral aspect of the scrotum. This lesion appears to be associated only with estrogen-producing testicular tumors and can be a helpful cutaneous marker of testicular tumors if the dog's testicles palpate normally or the testes are intraabdominal. The AMH test used in this report is of interest because measurement of serum estradiol does not always correlate with clinical signs. This test may be helpful in identifying Sertoli cell tumor in dogs. —Karen A. Moriello, DVM, DACVD

■ ■ Source

Evaluation of anti-Müllerian hormone in a dog with Sertoli cell tumour. Ano H, Hidaka Y, Katamoto H. *VET DERMATOL* 25:142-145, e41, 2014.



RESEARCH NOTE: Promising New Technique for Feline Bone Marrow Biopsy

Obtaining core biopsy specimens for bone marrow evaluation is challenging in cats because even the smallest available needle, 13G × 51 mm, can be difficult to use in small patients. This prospective study compared ease of collection, specimen quality, and postprocedural pain and swelling using traditional 13G biopsy needles vs 15G needles intended for intraosseous (IO) fluid therapy. Bone marrow specimens were obtained from 10 healthy anesthetized cats using a 15G × 25 mm IO fluid therapy needle at the greater tubercle of the humerus and a 13G × 51 mm bone marrow biopsy needle at the lateroventral aspect of the ilium. Tramadol was administered for 3 days postoperatively. Site localization, needle insertion, and needle advancement were individually scored based on difficulty, and the biopsy samples were scored based on specimen quality by a pathologist who had been

blinded to the technique and site used. Cats were assessed for pain and swelling at the biopsy sites 24, 48, and 72 hours after the procedure. Operators found the 15G humeral biopsy easier to perform as compared with the 13G iliac biopsy. Furthermore, the 13G iliac biopsy was associated with increased pain and swelling at the biopsy site. Humeral biopsies (9/10) and iliac biopsies (7/10) contained good-quality samples; the remaining samples contained only blood and cortical bone. The authors concluded that a 15G humeral biopsy is a promising new technique for obtaining core bone marrow specimens in cats.

■ ■ Source

Comparison of feline core bone marrow biopsies from different sites using 2 techniques and needles. Abrams-Ogg ACG, Defarges A, Bienzle D. *VET CLIN PATHOL* 43:36-42, 2014.