

Letters to the Editor

To: Editors of *Veterinary Dermatology*

The article in the August 2008 issue of *Veterinary Dermatology* by Dr Ural and colleagues: 'Azithromycin therapy of papillomatosis in dogs: a prospective, randomized, double-blinded, placebo-controlled clinical trial', stated that azithromycin is used for the treatment of 'human papillomatosis'. This was then used as the basis of a clinical trial of the drug for 'canine papillomatosis'. The articles from human journals that the publication referenced were in fact referring to 'Confluent and reticulated papillomatosis' of Gougerot and Carteaud. This is a rare ichthyosiform dermatosis of humans of unknown aetiology. Responsiveness to various antimicrobials (including azithromycin, minocycline, clarithromycin, etc.) has been reported, and there is a theory that the disease is caused by an abnormal response to infection. The 'papillomatous' nature of the disease refers specifically to its histopathological appearance, not to its gross clinical appearance or a viral aetiology. Please refer to Fitzpatrick's *Dermatology in General Medicine*¹ and Rook Wilkinson Ebling *Textbook of Dermatology*² as well as the articles cited in the publication

for descriptions of the human disease and its treatment. This does not negate the possible benefits for canine papillomatosis reported by the publication, but I think it is helpful to be clear regarding the comparison of a poorly understood keratinization defect in humans to papillomatosis in dogs.

Sincerely,

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References

1. Fitzpatrick's *Dermatology in General Medicine*. 6th Edition, 2003, pp. 494–495.
2. Rook/Wilkinson/Ebling *Textbook of Dermatology*. 5th Edition, 1992, pp. 1179 and 1390.

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Dear Editor,

We are delighted that so many veterinarians read and some of them comment on our article (*Vet Dermatol.*, 2008, 19: 194–198). The present authors involved in this study were specialists in veterinary internal medicine, indeed are not pathologists, and our goal was to validate therapeutic armamentarium regarding papillomatosis. However, we are currently besieged with questions on the value of the efficacy of azithromycin on canine papillomatosis. Dr. Bernstein had some concerns. He stated that the present study was based on azithromycin therapy of human papillomatosis, and that there are significant differences between canine papillomatosis and confluent and reticulated papillomatosis (CRP).

Nowhere in our article did we "lead readers into believing" anything about the similarities between human papillomatosis and canine papillomatosis in general. It should also be mentioned that we did not compare CRP or human papillomatosis with canine papillomatosis. We did indicate that the efficacy of azithromycin in CRP in human medicine is discussed in many studies with satisfactory results, which are "largely proven". Dr. Bernstein correctly stated in his letter that CRP is a disorder of keratinization. There are differences between CRP and canine papillomatosis, as was also mentioned by Dr. Bernstein. CRP remains a diagnosis of unknown aetiology, with theories suggesting that this condition might be the result of an exaggerated response to fungi or a disorder of keratinization. However,

it is well known that histological examination of CRP showed evidence of hyperkeratosis, acanthosis and papillomatosis, mimicking some of the histopathological changes we showed in our study. However, this was not the starting point of our study. Many treatment options have been used for CRP; and azithromycin has been suggested as a single uniformly effective agent. Given the efficacy of azithromycin therapy in CRP, we hypothesized that azithromycin may also be beneficial in canine papillomatosis. In addition our study was not an aetiological study, as we mentioned above, we designed and detailed an azithromycin therapeutic protocol and placebo, and demonstrated responses.

The beneficial effect of azithromycin in our study is in keeping with the therapeutic inflammatory potential effect of azithromycin reported on CRP. All treated cases showed satisfactory results in response to an azithromycin therapy, suggesting that azithromycin therapy may be a useful choice in canine papillomatosis. Azithromycin may help to eradicate an unknown organism involved in predisposition to canine papillomatosis or it may be that it could help to suppress an autoimmune phenomenon leading to formation of canine papillomatosis, similarly to CRP cases in humans.

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