Feline Chronic Gingivostomatitis

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April 2022

Feline chronic Gingivostomatitis (FCGS) is a debilitating immune-mediated oral disease characterized by marked oral inflammation. It has a prevalence of up to 12% in the domestic feline population.\(^3\), \(^7\) Clinical characterization includes ulcerative and proliferative appearances of the oral mucosa. Differentiation from severe periodontal disease is defined by inflammation in edentulous regions of the oral cavity such as the palatoglossal folds and sublingually. Clinical signs of FCGS include hyporexia, hissing at food, weight loss, pain/sensitivity around the face, decreased activity, reclusiveness, and decreased grooming. If marked weight loss occurs, FCGS can be life-threatening and warrants urgent intervention.

Multiple causes have been proposed for FCGS, but no single etiopathogenesis has been proven. The disease has been associated with feline calicivirus, herpesvirus, feline immunodeficiency virus, feline leukemia virus, various bacteria, tooth resorption, multicat households, environmental stressors, and hypersensitivity. Despite what the root cause of FCGS may be, the disease is considered to be immune-mediated inflammation.

Treatment for FCGS involves surgical intervention though many cats may still require some medical interventions. Surgical treatment involves partial to full mouth extractions with multiple studies reporting marked improvement to complete resolution of FCGS in 60-80% of treated cats.\(^3\) If inflammation is still
present 1-4 months post partial mouth extractions, full mouth extractions should be considered. Appropriate pain management should be used at all times regardless of treatment modality.

As FCGS is an immune-mediated inflammatory disease, medical management focuses on immunosuppression or modulation. Options include corticosteroids, cyclosporine, recombinant feline interferon omega, and stem cell therapy though each holds risks and benefits. Prednisolone is often used as a fast-acting and effective anti-inflammatory and immunosuppressant. Long-term use should be considered with caution due to its many side effects. However, a brief tapering course of managing symptoms can be beneficial.

Cyclosporine is a promising immune suppressant that targets T-cells and is generally well tolerated. In one study, 4 of 8 cats (50%) saw clinical remission with cyclosporine alone and no extractions. A second study looked at 9 cats given cyclosporine given post-extraction and saw 77.8% of cats improved over the 6 week study period. Long term, 11 cats were monitored, and 5 (45.5%) showed clinical remission, with the 6 remaining on cyclosporine.5

The use of autologous mesenchymal stem cells is promising though this treatment is not widely available. Similarly, feline recombinant interferon omega is not easily accessible in the US, and studies for its efficacy are conflicting.1

FCGS can be a debilitating oral disease that interferes with a cat’s quality of life. Appropriate analgesia should be used at all times during treatment. Either full or partial mouth extraction should be considered followed by medical management as indicated by the clinical response.

References


