Stomatitis: A new laser therapy frontier

For The Education Center

Consider feline chronic stomatitis. Stomatitis is a finicky ailment and does not respond predictably to treatment; what may work for one patient may exacerbate and even compound symptoms for others. Stomatitis may present at any stage of a cat’s life and, once entrenched, can be treated and managed but will likely become a painful recurrent issue for both the cat and owner.

With routine maintenance at the onset of flareups, however, laser therapy has been demonstrated to reduce the frequency and severity of the condition.

This Education Series story was underwritten by Cutting Edge Laser Technologies of Fairport, N.Y.

Case Study by Dr. Eva Ojolick

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Patient: Chester, a 3-year-old, 9.8-pound male neutered DSH

Jan. 18 (Figure 1)

Chester was referred with severe unresponsive stomatitis. He was previously treated with Depo-Medrol injections, doxycycline, prednisone and Convenia.

On presentation, Chester could not be touched around the face or head. Oral exam revealed severe stomatitis reaction—worse on maxilla, with most molars previously extracted. Two pieces of exposed tooth roots were in the center of the inflammation. Chester was on prednisone from the previous vet, and the owner was having difficulty administering the drug.

Switched to hypoallergenic diet. Continue on prednisone.

Therapy with MLS Cutting Edge Laser: Four points, two per side, 30 seconds per point. At back commissure of mouth, one point on maxilla and one on mandible.

Settings: Total time, 1 minute, 40 seconds, 18 Hz, at 3.99 joules per cm²

Jan. 22

Chester is now vomiting and has stopped eating completely. Owner cannot get medications in cat. Discussed removal of all teeth and root pieces and changing medications. FELV/FIV test is negative. Presurgical blood work all within normal limits.

Switched medications to Convenia. Chester was placed on buprenex for pain and dexamethasone SP oral suspension for ease of administering to a difficult and painful patient.

We also increased laser dosing.

Laser: Wound healing (scan mode) maxilla and mandible and under chin for LN drainage for circulation

Time: 3 min., 1.88 j/cm², at 584 Hz Split at 1 minute, 30 seconds per side and under jaw

Medication: Buprenex, dex SP oral elixir, Convenia.

Jan. 31

Cat is improving, eating again.

Feb. 15 (Figure 2)

Tooth extraction. Severe stomatitis. All premolars and molar remnants removed. Sites sutured closed. Postop radiographs confirmed all teeth and roots cleared. Gum tissue was inflamed and friable. Canine and incisor teeth were not affected, were not extracted. Laser therapy performed on each extraction site and at commissures of mouth intraorally.

Settings: Acute inflammation, three points per quadrant—mouth divided into four quadrants

Time: 1 minute, 30 seconds, 18 Hz at 3.99 j/cm² per each of three points

Total joules for face: 150 over five minutes total

Medications to go home: Baytril 10 mg, injections SID Buprenex PO QID

Feb. 17 (Figure 3)

Weight: 10 pounds

Chester is doing well and is eating soft food. He has started to rub his face everywhere—against doorjambs and furniture. Owner has not seen this in over six months. Inflammation is decreasing visibly.

Laser: Acute inflammation, two points per quadrant. Used scan mode under jaw and TMJ area

Time: 50 seconds per two points, total 8 points used for 100 joules over three minutes

Medications: Baytril injections and Buprenex.

Feb. 24 (Figure 4)

Recheck. Gained 1 pound in body weight. Oral exam excellent. Slight pink gum tissue, no inflammation, occasional area with evidence of stomatitis. Sutures have resorbed. Chester is eating well.

Laser: Acute inflammation, two points per quadrant. Scan mode under jaw and TMJ area

Time: 50 seconds per two points, 25 joules per two points, total eight points used for 100 joules over three minutes. Scan under jaw for one minute, total 40 joules

Medications: Dexamethasone SP oral suspension QOD, Orbax oral suspension, no pain medications.

March 1

Weight: 11.1 pounds

Gums maintaining and healing—no issues.

March 8 (Figure 5)

Laser: Acute inflammation setting, two points per quadrant. Scan mode under jaw and TMJ area

Time: 50 seconds per two points, 25 joules per two points, total 8 points for 100 joules over three minutes

Medications: Dexamethasone SP oral suspension QOD, Orbax oral suspension

March 15

Chester is having mild flareup. Appetite decreasing. Gums are red, but not severe reaction. Increase energy in laser treatment.

Laser: Wound healing, two points per quadrant

Time: 30 seconds per two points, 12.5 joules at 584 Hz, total eight points at 50 joules over two minutes

Medications: Dexamethasone SP oral suspension QOD, Orbax oral suspension, Atopica

March 29

Mouth looks great. Back commissures nearly free of stomatitis reaction. Only one or two small areas of redness near cranial aspect of mouth.

Laser: Wound healing, two points per quadrant

Time: 30 seconds per two points, 12.5 joules at 584 Hz, total eight points at 50 joules over two minutes

Medications: Dexamethasone SP oral suspension (decreasing), Orbax oral suspension, Atopica

Decrese laser to Qd 3-4 weeks

April 26 (Figure 6)

Laser: Wound healing, two points per quadrant

Time: 30 seconds per two points, 12.5 joules at 584 Hz, total eight points at 50 joules over two minutes

Medications: Atopica only

Outcome (Figure 6)

Chester is maintained as needed. We do two or three laser treatments in 10 days for flare-ups every three months. Dex SP suspension given once weekly. Atopica, antibiotics not needed. Atopica made big difference, but cost, compliance rendered it unusable.

Chester is an immune-suppressed feline who had complicating problems. He repeatedly had respiratory complications postanesthesia. He had bouts of sinusitis, fever and weight loss—all unrelated to the healing of the oral cavity. Throughout, the healing and the status of his stomatitis remained under control.

He is maintaining his weight and health and has been free of complications for the past eight months.