Malasseziosis Associated with Hypothyroidism -
A Clinical Report in a Dog

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Abstract
A five year male Labrador dog was presented with the history of lethargy, thin hair coat and alopecia with pruritis and was reported to have recurrent skin infection. The dog was previously treated with Ivermectin and antibacterial shampoos. Animal was dull, feed intake was reported to be normal and clinical parameters were normal. Detailed examination revealed bilateral alopecia, rat tail appearance and thickening with hyper pigmentation of skin. The impression smears from lesions were stained with methylene blue that revealed Malassezia organisms. Whole blood sample and serum were collected and subjected to haemato-biochemical estimations (thyroid function tests i.e., T3, T4, and TSH) which showed decreased production of T3 and elevated TSH secretion (Triiodothyronine (T3) 32.1ng/dl, Thyroxine (T4) 0.5mcg/dl and TSH 8.7ng/ml) indicating hypothyroidism. Hematology was found to be in normal range. ECG showed bradycardia. The dog was treated accordingly with thyroxine supplementation Levothyroxine sodium (Eltroxin a tab) @ 0.02mg/kg b.wt. twice daily and Ketaconazole @ 10mg/kg b.wt orally and topical application of Ketochlor b shampoo. Significant improvement was noticed after two weeks and complete recovery was noticed after 25 days with healthy skin coat and increased activity. Hypothyroidism is one of the most commonly diagnosed endocrinopathies in dogs characterized by decreased levels of thyroid hormones and is having a major role in maintaining normal cutaneous functions. Hypothyroidism may lead to poor skin and hair coat, including hair loss or abnormal hair turnover, dull or brittle hair, altered pigmentation, oily or dry and thickened skin and thereby predispose to secondary bacterial and/or yeast dermatitis [1]. Diagnosis is based on an appropriate history, clinical signs, lab work, and response to therapy to diagnose this disease. A case of hypothyroidism in a dog with malasseziosis and its successful management is presented here.
contributing factor, not the sole cause of clinical signs [7,8]. In the present case hypothyroidism was the predisposing factor for *Malassezia* dermatitis and supplementation of thyroxine resulted in complete clinical recovery (Figure 1 & 2).

**Figure 1:** Bilateral alopecia with rat tail appearance.

**Figure 2:** Impression smear showing *Malassezia* organism.

### References


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