

Gingivitis is inflammation of the gum tissue, and stomatitis refers to inflammation in the oral cavity. Feline gingivostomatitis is a very severe manifestation of this disease that occurs in some cats. Overall incidence has been reported at 5-6%. The gums and mucous membranes in the mouth become extremely swollen, red and infected. It is progressive, causing tissue destruction and swelling. This causes loss of gum and bone support of the teeth, and periodontal disease develops. The inflammation also spreads to the caudal buccal mucosa, the area of the back of the mouth at the angle of the jaw, causing mucositis and faucitis. Swelling and redness in this area can be severe, causing pain and reluctance to eat, and even difficulty breathing.



The exact cause of the condition is unknown. Current understanding is that this is caused by an exaggerated inflammatory reaction to plaque bacteria, which are normal inhabitants of the mouth and cling to the tooth surface. The process can start at a very young age, at eruption of the permanent teeth, and may be incited by other infectious causes. Cats with chronic stomatitis are more likely to be chronic calicivirus carriers (90%); strains of calici from cats with oral lesions can induce acute faucitis in experimentally infected healthy cats.

Cats with stomatitis should have a thorough workup, hematology and blood chemistry analysis, including FIV and FELV testing. Testing and treating for Bartonella or calici as advocated in some sources is unrewarding. A clinically healthy cat with a positive FIV test does not have an unfavorable prognosis for response to treatment.

Initial evaluation with a dental examination under anesthesia, dental x-rays and sometimes biopsy of the affected tissue is needed to formulate a treatment plan. Scrupulous professional periodontal cleaning and extraction of teeth with advanced periodontal disease, combined with a consistent home care regimen can control the inflammation in a small percentage of cases. Unfortunately many cats are resistant to home care because of the pain they have experienced. Even with home care, treatment requires repeated frequent professional cleanings and medication to control the progression of inflammation, and may not be successful.

Many patients do not respond to medical therapy and repeated cleanings, and it is necessary to extract all of the teeth to remove the gingival pocket that harbors the

inflammation. This treatment is considered the most likely to resolve the disease, with 80% of cats experiencing resolution with caudal teeth extraction (premolars and molars). Medical therapy to control infection and inflammation may be needed for life for those cats that do not fully respond. Antibiotics, steroids and other immune suppressant treatments are ineffective in cats unless the teeth have been removed. Research continues on newer therapies, and even a vaccine, but these are not yet available.

Earlier surgical intervention yields much more positive results. The longer the inflammation is allowed to continue and the farther back in the mouth and throat it spreads, the slower and less complete the recovery from surgery. Malignancy can develop at sites of chronic oral inflammation, especially squamous cell carcinoma.

Our current recommendation for cats with gingivostomatitis complex is to act early. Surgical extraction of the teeth with excision of the inflamed tissue, and radiographic (x-ray) confirmation of completeness of extraction has the best prognosis for long term response. Post-operative nursing care with good pain management is an integral part of their recovery. Typical recovery period is 7-14 days. These cats can eat a diet of soft canned food or dry food that has been soaked to soften, and will live much more comfortably with the chronic mouth pain.