Allergy Series:
Acral Lick Dermatitis
“Lick Granuloma”, “Acral Lick Granuloma”

What is a lick granuloma?

Acral lick dermatitis is a self-induced skin condition resulting from the dog’s urge to obsessively lick an area. This constant trauma causes the formation of raised & thickened skin, which becomes ulcerated. Most commonly these lesions develop on the lower legs and paws but can also develop at areas where your dog feels pain or discomfort (such as sites of arthritis). Secondary infection is common and occurs due to the frequent licking and trauma.

Are some dogs more likely to develop these?

Any age or breed of dog may be affected. However, there is a higher incidence of acral lick granulomas reported in middle aged, large breed dogs. Some breeds overly represented include the Doberman pincher, Great Dane, Retrievers and the German Shepherd.

Treatment is determined by cause...

There are many underlying causes for acral lick dermatitis that must be investigated by your veterinarian. If multiple legs are involved, then food allergy, environmental allergy (atopic dermatitis), fungal infection, Demodex mites, and hypothyroidism must be considered as possible causes. If only one leg is involved other differential diagnoses considered include foreign bodies, arthritis, tumors, fractures, and nerve disease (anything which can cause localized pain or discomfort at the site of licking). If all of these possible causes are ruled out, then behavioral or “psychogenic” causes can be considered. When behavioral in origin, acral lick dermatitis is thought to be similar to obsessive-compulsive disorder in people.

Identifying the underlying condition is paramount in controlling this disease. Additional diagnostics often recommended by your veterinarian to help determine the primary cause include skin biopsy, deep tissue cultures (bacterial and fungal) and radiographs (x-rays).

Once the underlying cause is determined, treatment will likely consist of antibiotics to resolve the current infection (4-6 weeks is not uncommon) and behavior modification to protect the skin from the constant self-induced trauma. Occasionally, drug therapy must also be used to treat an obsessive/compulsive component. This condition may be one of the most frustrating and difficult to treat skin conditions in veterinary medicine. It may take some time to determine the right therapy for each individual dog. Once the condition is identified and treated, additional maintenance therapy may be needed to keep it controlled and prevent relapse.