Gingivitis and Stomatitis in Cats
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Cats are prone to chronic diseases of the mouth including gingivitis (inflammation of the gums) and stomatitis (inflammation of the oral mucous membranes, including the back of the mouth). The disease may also be known as 'oropharyngeal inflammation'. The primary feature of this disease is severe inflammation of the gums where they touch the teeth, as well as inflammation of other oral tissues.

What causes gingivitis and stomatitis in cats?
There are probably a number of factors that contribute to the development of this chronic inflammation in the mouth and gums. Although the exact cause is unknown, it is primarily thought that some cats may have a hypersensitivity or allergic reaction to bacterial plaque and are called 'plaque-intolerant.' All we know is that cats with this disease have an abnormal immune response.

Although it has been speculated that other diseases such as feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), calicivirus and feline herpes virus, and Bartonella henselae can play a role, no studies have proven this.

Other factors that may contribute to the disease include environmental stress, diet, and genetic predisposition.

Are some cats more susceptible?
Some researchers feel certain purebred breeds such as Siamese are more prone to this disease, while others feel it is more common in domestic shorthair cats.

Although the median age of cats with oropharyngeal inflammation is 7 years, sometimes this disease can develop when the cat is very young. This is called a 'juvenile onset' form of disease. It may occur at 3-5 months when the permanent teeth are erupting and become more severe by 9 months of age.

Cats who are immunosuppressed have a greater tendency to have oral infections which may become chronic.

What are the signs of chronic gingivitis and stomatitis?
Chronic gingivitis and stomatitis causes severe pain. The cat's behavior may change - irritability, aggressiveness, depression or reclusiveness may be seen. The cat may drool excessively, have difficulty eating or not eat at all. Some cats will go up to the dish as though they are very hungry (which they are) and then run from the food dish because eating is so painful. They will often have bad breath (halitosis) and may not be grooming themselves adequately. Their gums bleed very easily. An affected cat may paw at her mouth and grind her teeth.

How is this disease diagnosed?
During the oral exam, which needs to be done under anesthesia to do it well, multiple lesions are seen with stomatitis. There may be ulcers or proliferative lesions. The lesions can be on the gums, roof of the mouth, back of the mouth, tongue, or lips. The lesions at the gumline surround the whole tooth. Usually, the area around the back teeth, the premolars and molars is most affected. Sometimes tooth resorption is seen.

Radiographs (x-rays) of the mouth are necessary, and often show moderate to severe periodontal disease.

Biopsies are generally not recommended unless other causes for the oral lesions are suspected.

What is the treatment for chronic stomatitis/gingivitis?
Cats with juvenile onset gingivostomatitis may respond to a very intense program of oral hygiene. It has been found that it is imperative to eliminate plaque in these cats. To do this requires:

- regular dental cleaning and polishing by your veterinarian.
- daily home care, including daily brushing.
- good nutrition, using a diet designed to control plaque.
- use of a plaque-reducing water additive that has the Veterinary Oral Health Council (VOHC) seal.

Unfortunately, even with this intensive care, in some young cats the disease often progresses and the only way to cure the disease and eliminate the very painful lesions is to extract all of the teeth. This may appear drastic, but in almost all cases it is the only alternative. The use of antibiotics, steroids (eg., prednisone), or other medications has no long-lasting results in the treatment of this disease.

Mature cats with gingivostomatitis are less likely to respond to to conservative treatment, although the above program plus removing all diseased teeth, may be successful in a minority of cats with mild disease. In cats with more extensive disease the
best treatment is extraction of all teeth. In a few cases, it may be possible to leave the canine teeth (fangs) and the incisors. Often, though, in time, it becomes necessary to remove these as well. Cats can manage fine with no teeth, and it is much preferred to leaving the cat in severe pain for the remainder of her life.

Some veterinary dentists believe the longer the cat is on the medical management to control plaque as described above, the more likely the extractions will not be as successful or the response as fast. They therefore recommend extractions earlier in the course of disease versus later.