Modern surgical and oncology treatment methods make it much more rewarding to tackle these lesions than in the past. Unlike in the past, we have a high success rate for tumor-free margins with survival intervals that tend to be greater than the aforementioned median values.

With wide surgical excision and chemotherapy or radiation therapy, followed by adjunctive therapy as recommended by an oncologist, SCC has a much better prognosis. As for cats, SCC in dogs is radiation responsive. Median survival time is 10-26 months with surgery alone.

Surgical excision is performed to achieve appropriate surgical margins. Median survival time with surgery alone is 10-12 months.

Surgical excision and chemotherapy or radiation therapy are the cornerstone of successful treatment for malignant tumors, and surgery alone should be curative. For SCC, a much better prognosis than appendicular osteosarcoma.

Surrounding bone, this tumor occurs on the gingiva, often invades bone, and can metastasize to the regional lymph nodes, lungs, and beyond. The tumor may or may not be pigmented (Fig. 1). Metastasis does not occur, but local recurrence is common with incomplete resection. Surgical excision with adjunctive therapy as recommended by an oncologist will achieve the greatest survival time. Median survival time for completely excised mandibular SCC is 150-318 days with surgery alone, and this can increase significantly by adjunctive therapy such as the melanoma vaccine. Median survival time with surgery alone is 10-12 months.

For malignant tumors, it behaves very aggressively with local tissue destruction (Fig. 5). This tumor occurs on the gingiva, often invades bone, and can metastasize to the regional lymph nodes and lungs (Fig. 2).

Surgical procedures can have good outcomes. The tumor may or may not be pigmented (Fig. 1). Metastasis does not occur, but local recurrence is common with incomplete resection. Surgical excision with adjunctive therapy is the cornerstone of successful treatment (Fig. 3).

Wide surgical excision is again the cornerstone of successful treatment, followed by adjunctive therapy such as the melanoma vaccine. Median survival time is 5-10 months with surgery alone, and this can increase significantly by adjunctive therapy such as the melanoma vaccine.

Squamous cell carcinoma (SCC) can be pigmented or not. SCC usually involves the gingiva, and this tumor occurs on the gingiva, often invades bone, and can metastasize to the regional lymph nodes, lungs, and beyond. The tumor may or may not be pigmented (Fig. 1). Metastasis does not occur, but local recurrence is common with incomplete resection. Surgical excision with adjunctive therapy is the cornerstone of successful treatment (Fig. 3).

While fibrosarcoma does not tend to metastasize to distant sites, it tends to recur locally even with wide excision (Fig. 4). It can also appear as a gingival fibroma (Fig. 3). Fibrosarcoma is common and responsive to radiation therapy. While fibrosarcoma does not tend to metastasize to distant sites, it tends to recur locally even with wide excision (Fig. 4). It can also appear as a gingival fibroma (Fig. 3). Fibrosarcoma is common and responsive to radiation therapy.
BEYOND THE MOUTH: Pinnectomy-Is It Worth A Cure?

Cutaneous tumors are best treated by complete excision and histopathologic examination early in the disease process when they are small. Whether benign or malignant, hopefully this treatment philosophy will result in positive clinical results. Cutaneous mast cell tumor (MCT) in cats most commonly affects the head. MCT presents as a small alopecic mass. However, MCT should be high on the differential diagnoses list for any skin mass in the cat, especially on the head since MCT has been labeled “the great impostor” (Fig. 1). Solitary MCT is more common than multifocal disease, with 15% of cats showing signs associated with splenic and visceral MCT. Treatment options include surgical resection and radiation therapy. This latter treatment option is usually reserved for pericocular and periaural MCT. Our preference is to perform surgery for all MCT’s of the head, using plastic and reconstructive surgical techniques for acceptable cosmesis and function in addition to achieving tumor-free margins. This treatment plan avoids ocular and dental complications of radiation therapy for tumors of the head. Removing the tumor may be the easy component of the surgical procedure; reconstructive surgery for wound closure and optimal function is the challenge! Client education is important when discussing the different surgical requirements for complete removal of periaural MCT (Fig. 2). Pinnectomy results in a primarily cosmetic deficit with minimal negative effect on hearing. Vertical ear canal ablation +/- pinnectomy has a significant impact on acoustic function of the operated ear; however bony conduction of sound does occur. Explaining the functional outcome of the different procedures facilitates the owners understanding of a treatment plan that optimizes complete excision… the “I want it gone” philosophy.

FELINE DENTISTRY: Can My Cat’s “Fang” Tooth Be Saved?

Even though cats have smaller mouths and teeth, we can still perform the same tooth saving procedures we do in the dog. The most common tooth that needs treatment for fracture is the canine tooth. Cat fights, ear accidents, and falls can lead to fracture of the canine tooth. In a young cat, the tooth can be saved when vital pulp therapy is done within 48-hours of the injury, and in a mature cat a root canal can be performed anytime. The most important thing to do when a client says their cat has a fractured tooth is to determine the cause of the fracture. Restorative lesions are very common in the cat and fractures can occur as a result of the progressive weakening of the tooth. Many owners will call and say that their indoor cat has somehow fractured a tooth, but do not know how this could have happened. We are immediately suspicious that the fracture could be due to resorption. This is confirmed with a dental radiograph (Fig. 1). If the tooth is indeed resorbing, then extraction is the only treatment. If a true fracture has occurred and the root and apex appear normal (Fig. 2), then standard endodontic therapy can be performed (Fig. 3). Instrumentation is performed through the fracture site and one restoration is typically placed. The crown may have to be reduced in height slightly, but the remaining crown will still be functional and more invasive procedures such as extraction are avoided. The “fang” teeth are very dominant in cats and owners truly notice their absence…. give owners the option to save that Cheshire cat smile!

URGENT CARE: Fractured Teeth In Young Animals.

Help! Your client just called and said their pet has experienced a child with bat vs. dog episode! She sees that one of her 9-month old Labrador retriever’s canine teeth is fractured and bleeding. What should she do? The answer is call us ASAP! Fractured teeth in young animals can be a time sensitive emergency. If treated within 48-hours, the vitality of the tooth can be preserved. So why can’t she just wait and have a root canal performed in a few weeks? The answer is that at this age the teeth have not matured. A dental radiograph will reveal that the dentin of the tooth is very thin, almost like an eggshell, and that the apex has not closed (Fig. 1). In order to perform a successful root canal, the apex must be closed. Even if a root canal procedure was able to be performed, the tooth would still be very weak because not much dentin is present in the wall of the tooth. The best possible treatment is vital pulp therapy. The goal of this treatment is to remove the inflamed pulp near the fracture, apply a medicament to promote pulp healing, and seal-off the fracture with a restoration (Fig. 2). The tooth should be monitored with dental radiographs in 6-12 months, and if the treatment has been successful, there will be closure of the apex and a progressively narrower pulp chamber. Do vital pulp therapies ever fail? The answer is unfortunately yes, usually due to overwhelming bacterial invasion of the pulp, hence the time sensitive emphasis to provide treatment quickly to greatly increase the success rate. The tooth can still be saved if chronic failure occurs from slow bacterial growth overtime since the tooth will have matured to the point that a root canal can be performed. Any patient under 15-months of age with an acute crown fracture should be treated as soon as possible.