



WINN FELINE FOUNDATION

For the Health and Well-being of All Cats

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Cat Abscesses and Other Wounds

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An infected bite or claw wound is a common infectious disease for cats. The wounds occur when deep punctures through the skin are inoculated with bacteria or foreign material and subsequently lack drainage. A decrease in oxygen tension allows growth of anaerobic bacteria. Aerobic, mixed, and fungal infections may also occur in the wound sites. The most frequently inoculated organism is *Pasteurella multocida*, an aerobic gram-negative bacterium commonly found in the mouth of cats. *Fusobacterium*, *Prevotella*, *E. coli*, and *Clostridium spp.* are among a number of other possible bacterial agents.

Wounds typically develop signs of infection within 12 to 24 hours. Owners may notice the cat is lethargic, not eating well, and painful when handled. Swelling from tissue infection (cellulitis) in one or more locations is often present. Common sites for bite wounds are the legs, base of the tail, face, neck, and along the back. A fully developed abscess may be seen in 3 to 5 days. As further painful swelling develops, the hair over the swelling falls out, the skin discolors, and eventually the skin ruptures and drains. The discharge (pus) is usually yellowish, blood-tinged, and foul-smelling. This discharge is made up of red blood cells and degenerating white blood cells that contain engulfed bacteria.



Most cat bite wounds develop when cats have outdoor access and interact with other cats, although housemates can also have disagreements leading to infected wounds and an abscess. Cats with outdoor access may be exposed to other disorders resulting from cat-to-cat contact, including feline leukemia virus and feline immunodeficiency virus. It is recommended that cats be tested for both viruses at the time of presentation for wounds and, if negative, a follow-up test should be performed in no sooner than 60 days.

It is uncommon for a typical cat bite abscess not to heal following treatment. However, if the abscess develops fistulous tracts or fails to heal after routine wound care and a several-day course of antimicrobial therapy, the wound should be cultured. Cytology of the discharge can also be performed to identify the specific cause.

Most abscesses rupture and drain before the owner notices the problem. Many infected wounds can be cleansed with warm water and antiseptic solution, such as a dilute chlorhexidine solution. If possible, surrounding hair should be clipped away from the wound edges to avoid collection and contamination of the wound.

Occasionally infected wounds will need additional intervention. While the cat is under sedation or general anesthesia, deep pockets should be flushed to remove infected debris. A drain tube may be sutured in the wound pocket for 2 to 3 days facilitating further drainage. Infected and dead tissue can be surgically trimmed and healthy tissue sutured to close open lesions.

Infected wounds can be painful and pain medication during the first few days of home care may be recommended. Applying warm, wet compresses for 5 to 10 minutes daily will clean and assist drainage and healing of wounds. Monitoring wound or surgical sites for a recurrence of swelling, redness, and drainage versus healing is an important part of the recovery process. A 7-to-14 day antimicrobial treatment course is recommended for complete recovery. Effective antibiotic therapies include amoxicillin, amoxicillin-clavulunate, cephalosporins, fluroquinolones, and metronidazole. A newer injectable cephalosporin, cevevecin sodium, can be utilized instead of an oral 14-day course of antibiotics in difficult-to-medicate patients.

For more information

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