

# Temporary Palate Guard for Bleeding Palatine Ulcers in Three Cats

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## 1. Case summary

Three adult cats were successfully treated for severe anaemia caused by a bleeding hard palate ulcer with a temporary palatal guard. Each cat required a blood transfusion and underwent surgical implantation of a customised temporary guard to protect the hard palate mucosa from ongoing irritation. The palatal guards were made from radiographic film in two cases and an acetate sheet in the third. Cats received varied concurrent treatments in conjunction with surgery, including amoxicillin clavulanate or doxycycline, cyclosporine and prednisolone. Complete resolution of the hard palate ulceration and anaemia was observed in all three cases.



**Fig. 1.** Case 3 – Oral cavity at time of surgery (a) and immediately after removal (b) of a palate guard made of PVC acetate sheet and secured to the hard palate using four cortical bone screws and washers, along with four caudal margin and two rostral margin simple interrupted sutures. Screw holes (yellow arrows) and healing ulcer (blue arrowhead) are evident.

## 2. Relevance and novel information

Excessive licking can lead to mucosal erosion of the hard palate, delayed healing and severe haemorrhage. When a palatine ulcer is refractory to medical management, or the anaemia

is severe, surgical intervention may be required. Techniques previously described include electrocautery, horizontal mattress sutures, and ligation of the palatine artery combined with a bipedicle mucoperiosteal flap. These techniques typically require advanced surgical skills or access to specific equipment, may involve repeat surgeries to correctly isolate the palatine artery, and may leave a secondary wound that could prolong anorexia or risk becoming a new site of haemorrhage. Placement of a temporary customised palatal guard is a novel surgical technique for the treatment of bleeding palatine ulcers that does not require isolation of the palatine artery, involves minimal tissue handling, provides immediate control of oral pain, encourages immediate return to appetite, and prevents ongoing trauma to the area during healing.

## References

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