**Health Conditions in French Bulldogs**

French Bulldogs are most definitely adorable. Their flat little faces, stubby bodies, bat ears and short backs all combine to make for an adorable package, yet they also combine to produce conditions which make French Bulldogs prone to some rather alarming health conditions.

First things first -- this is a LOT of reading, and can, at times, be rather alarming. The chances that your dog, or your potential dog, might be afflicted with any of these conditions drops rapidly with the amount of testing and screening your breeder does. Even the most conscientious breeder, using only the most thoroughly screened dogs, can still occasionally produce afflicted dogs. This is a fact which anyone considering the purchase of a Frenchie needs to be aware of.

**The Breathing System of the French Bulldog**

Frenchies are a Brachycephalic breed - a fancy word which basically means dogs (and cats, in the case of Persians and some other breeds) with short muzzles, flat faces and condensed breathing systems.

This is what's responsible for the adorable snorting and snuffling sounds your Frenchie makes - but it's also a serious matter for your dog's health. They also combine to make anesthetic a serious matter for the breed. Anesthetic should only ever be administered for the most critical of procedures - no 'putting under' for simple nail clippings, please. Isoflourine is the most popular type of anesthesia, for various reasons, but this is a topic best discussed with your Veterinarian.

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**Heat Stroke**

The shorter breathing system of the French Bulldog is also what puts them at such very strong risk for [heat stroke](http://frenchbulldogz.org/learn/heatstroke.htm). Shorter airway=less possibility of cooling the air which the dogs draws into its body. Never, EVER underestimate your dog's susceptibility to heat stroke. Limit their exposure to temperatures which you might personally find only mildly hot, be conscious of your dog's proximity to hot pavement, NEVER leave your Frenchie in a locked car in even warm weather, and always allow them lots of access to fresh water, shade, and cool areas to escape from heat. Be alert, and be prepared with the things you need to save your dog's life.

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**Elongated Soft Palate**

One of the the most common forms of airway obstruction in Brachycephalic breeds is due to an elongated soft palate. The soft palate is an extension of the hard palate which forms the roof of the mouth. The purpose of the soft palate is to serve as a mobile flap preventing food and water from entering the nasal passages during swallowing. A soft palate that is elongated will either hang in front of the airway or will fall into the larynx during inhalation.

Dogs affected by chronic airway obstruction (CAO) tend to breathe rather noisily when excited. Mouth breathing, snoring and snorting are characteristics of this condition. These characteristics become even more pronounced when the dog is hot or during periods of exercise. The dogs frequently gag in an attempt to clear their airway and occasionally bring up foam and saliva while eating or drinking. The harder the dog breathes, the greater the swelling and elongation of the soft palate. Most often an elongated soft palate is difficult to positively confirm other than while the dog is under general anesthesia, surgical correction is usually done at the same time.

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**Stenotic Nares**

Stenotic Nares (constricted nostrils) occurs exclusively in brachycephalic dogs. This birth defect can not be overemphasized. The cartilages that help to shape the nostrils are too soft. As the pup breathes in the nostril collapses restricting or shutting off the air flow. In severe cases the pup's chest becomes flattened. There is a nasal discharge that can either appear as watery or foamy. Breathing is labored and accompanied by snorting. When excited or active they tend to breathe through their mouths. This excess laboring in order to bring oxygen to the lungs puts additional stress on their systems, and with reduced air flow they tend not to thrive. These dog should be treated surgically as soon as possible. Treatment normally consists of removing a portion of the nasal cartilage to enlarge the nostril openings.

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**Tracheal collapse**

Tracheal collapse is the name given to a syndrome in which the rigid structure of the trachea becomes weakened. This weakened area collapses due to external and/or internal pressure created during activity, thus interfering with normal respiration. The weakened area becomes irritated. Since coughing and respiratory exertion can cause further irritation, clinical signs will worsen and the condition can become self perpetuating. Tracheal collapse may occur alone or in association with another airway disorder (most often chronic bronchitis).

A chronic "honking" cough can be an indication of this condition. In some cases the cough can become so severe that the animal behaves as though there is something caught in its throat. Other indications of this disorder include; breathing difficulty, tiring easily and exercise intolerance.

Mild cases often respond well to cough suppressants and stress reduction (reduce intense exercise and excitement). These dogs can live long and healthy lives. In more advanced cases surgical correction may be necessary. In cases of combination airway disorders, treatment of the contributing disorders may be necessary before treating the tracheal collapse.

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**Cleft Palate**

The palate (roof of the mouth) is a wall, partitioning the nasal and oral cavities. This partition is made up of two parts : the hard palate and the soft palate. The hard palate forms the front portion of this partition and is made up of two bony plates (one on each side) that are normally fused together at their midline juncture. This fusion normally takes place during fetal development. The soft palate forms the rear portion of the palate wall. Both palates are covered with a mucous membrane.

The most common type of cleft palate results when the two bony palate plates fail to fuse. The lack of bone fusion leaves a hole or slit in the roof of the mouth. The cleft (hole) drastically impacts nursing ; suction is affected, a portion of the food that the puppy is able to draw is passed into the nasal cavity, the nasal cavity is highly prone to infection, and the puppy will literally wear itself out trying to satisfy it's appetite. The cleft is present at birth and can usually be detected by examining the roof of the mouth. Occasionally milk can be observed running from a puppy's nose while it is nursing.

The only treatment for a cleft palate is to surgically close the opening. In cases of severe clefts the affected pup is usually euthanised. Most cleft palates are assumed to be genetic unless other causative factors are found.

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**Megaesophagus**

Megaesophagus is a condition in which the esophagus is enlarged or dilated. The results of this condition are : regurgitation, loss of overall condition and frequently leads to aspiration pneumonia. Megaesophagus interferes with effective peristalsis thereby preventing food from passing down into the stomach. In practical fact, it is a really unpleasant condition for even the most tolerant of pet owners to put up with. The dog frequently vomits almost immediately after eating, exercising, or doing anything more strenuous than getting off the couch. After having purchased and lived with one dog with this condition, I wouldn't wish it on my worst enemy, let alone their dog.

Megaesophagus can be congenital or acquired. Some of the causes of acquired megaesophagus are : esophageal foreign bodies, esophageal tumors, strictures, neurological disorders, autoimmune diseases and heavy metal poisoning. Treatment for acquired megaesophagus disorders are dependent upon the causative factors.

In the case of congenital megaesophagus in puppies, the symptoms generally manifest shortly after the puppies begin to eat solid foods. Affected pups will frequently begin to eat eagerly, then suddenly back away from the food dish, regurgitate a small amount of food, which they will eat again. By repeatedly eating the food, the meal is liquefied, thereby making it possible to be passed into the stomach. Portions of the food can be aspirated into the lungs, making the puppy prone to aspiration pneumonia.

Treatment for congenital megaesophagus in puppies is primarily directed toward maintaining and improving the nutritional status of the pup. Food and water are usually given by raising the bowls up off of the floor (raising the bowls helps facilitate swallowing). Many owners have reported that feeding the pups a semi liquid or gruel mixture has shown good results. Other pups seem to respond best to being fed solids. Treatment has to be based upon which method the individual pup will respond to best. The first few weeks are the most critical. Pups that survive this critical time appear to spontaneously improve. Any dog with congenital megaesophagus should be spay or neutered regardless of how well it "outgrows" its conditions.

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**Summation**

Our personal opinion is that dogs which have received surgery or treatment for elongated soft palate, cleft palate, stenotic nares, ME or tracheal collapse should not be bred from, no matter how many other redeeming qualities they may have as examples of the breed. There are no 'screening' tests for healthy breathing in French Bulldogs, other than the common sense and responsible attitude of the breeder. The amount of suffering and unpleasantness which these conditions can cause cannot be over emphasized. In the scope of French Bulldog health conditions, while all are serious, this is the one which causes the most alarm in me personally. Breathing impairments are one of the number one causes of death (including death by intentional Euthanasia) in French Bulldogs.

Finally, that cute little button nose on your Frenchie needs loving care from time to time, even if their breathing is perfect. The skin can dry out and crack, and scales of dry scabby looking tissue can develop on it. The simple application of a Vitamin E capsule split open and liberally applied will keep your dog's nose looking healthy, shiny and kissable.

**The French Bulldog's Spinal System**

The French Bulldog was selectively bred from dwarf examples of the English Bulldog. This fact, when combined with the intentional selection of shorter specimens in the breeding programs of today and yesterday have combined to give us both today's short backed dog, and the plethora of spinal issues plaguing this breed. Another possible correlation is the breed standard's prized 'short and lowset' tail, which sometimes manifests as a non existent, telescoped or screw tail.

Hemivertebrae is a defect present at birth and genetically based, although the genetic structure appears to be a complex (multiple genes involved) interaction. Commonly referred to as "butterfly" vertebrae, hemivertebrae has its highest incidence in brachycephalic (short muzzled), screw-tailed dog breeds. In fact the screw-tail is actually an example of a hemivertebrae formation. This malformation may be pleasing when located in the tail but can have serious repercussions when located elsewhere in the spine.

Hemivertebrae are the result of the left and right halves of a vertebrae failing to fully fuse during fetal development. The resulting vertebrae resembles a butterfly when viewed from above. Each half of the hemivertebral body often grow unequally, creating a wedge-shaped (viewed vertically) body. The presence of a wedge vertebrae can cause a dorsal curvature (kyphosis) or a lateral curvature (scoliosis). Deformations in the backbone can compress the spinal cord and/or its blood supply, with serious ramifications.

Symptoms indicative of hemivertebrae will be dependent upon the number of malformed discs and the locations of these discs. The best way to be assured of proper spinal formation is through x-ray evaluation by a veterinarian familiar with "proper" spinal formation for your breed. My vet and the orthopedic vets at Guelph University feel that detection of Hemis may be successfully done as early as four months.

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**von Willebrand's Disease**

von Willebrand's disease is a bleeding disorder found in many breeds of dog as well as other animals. It is characterized by hematomas, nosebleeds, and intermittent limping (due to bleeding into the joints). Similarly to hemophilia A, dogs with this disorder are deficient in clotting factor VIII activity. One of the primary distinctions of von Willebrand's disease however, is that this disorder is not sex-linked.

Hereditary von Willebrand's disease is complex. Each breed of dog will have a different set of "typical symptoms" of the disease. Symptoms can range from abnormally long bleeding time due to a cut toenail, to hemorrhaging during minor surgery, to spontaneous nosebleeds, with a wide assortment of presentations between. Injuries that are followed by bleeding may or may not require a transfusion. Even a small wound may necessitate veterinary treatment. Carriers of this disorder can live their entire lives with no outward indications of this disease.

Only through testing of all prospective breeding stock and selective breeding is there a hope of eradicating this disorder. The test is simple and inexpensive, and will show if the tested dog is a high, low or non carrier of the disease. The common sense procedure of not breeding from high carriers, and of not breeding low carriers to other low carries may eradicate vWD forever from our breed.

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**Hip Dysplasia (also called CHD - Canine Hip Dysplasia)**

Hip dysplasia is the most common cause of rear-end lameness in canines, and is due to the structure of the hip joint. In the healthy dog there is a broad pelvis with a rounded cup into which the ball of the femur fits solidly. The ligaments and good musculature hold the ball in place while allowing free motion of the femur. Canine hip dysplasia (HD) is caused when the femoral head does not fit properly in the hip socket, causing instability of the joint. Over time, this malformation can cause degenerative joint disease (DJD) which causes increased pain and immobility. Surgery can help to correct the problem, but can be expensive and stressful for dog and family. Genetics play the largest role in whether or not a dog will develop hip dysplasia. Other factors include environmental (including weight and nutrition) and under what conditions the puppy is raised, also training methods and rearing practices. Even dogs with normal hips can produce dysplastic puppies.

Breeders can (and should!) have their breeding stock x-rayed by their vets, with the x-rays sent to either the OFA (The Orthopedic Foundation for Animals), the GDC (Institute for Genetic Disease Control), or, in Canada, the OVC (Ontario Veterinary College). All three of these bodies maintain open registries on hip health in tested dogs.

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**Patellar Luxation**

Patellar luxation is the dislocation (slipping) of the patella (kneecap). In dogs, the patella is a small bone that shields the front of the stifle joint. This bone is held in place by ligaments. As the knee joint is moved, the patella slides in a grove in the femur. The kneecap may dislocate toward the inside (medial) or outside (lateral) of the leg. This condition may be the result of injury or congenital deformities (present at birth). Patellar luxation can affect either or both legs. Testing is available to predict a the presence of PL in a dog, but cannot predict it.

The most common occurrence of luxating patella in French Bulldogs is the medial presentation. Shallow femoral groove, weak ligaments and malalignment of the tendons and muscles that straighten the joint are all conditions that will predispose a dog toward luxating patellas.

Indications of patellar luxation are; difficulty in straightening the knee, pain in the stifle, limping, or the tip of the hock points outward while the toes point inward. The diagnosis of this condition can usually be confirmed (by a veterinarian) by manipulating the stifle joint and pushing the patella in and out of position.

There are 4 grades of deviation for this condition:
Grade 1:
Intermittent patellar luxation - occasional carrying of the affected limb. The patella can easily be manually luxated at full extension of the stifle, but returns to proper position when pressure is released.
Grade 2:
Frequent patellar luxation - in some cases luxation is more or less permanent. The affected limb is sometimes carried, although the dog may walk with the stifle slightly flexed.
Grade 3:
Permanent patellar luxation - even though the patella is luxated; many animals will walk with the limb in a semi-flexed position.
Grade 4:
Permanent patellar luxation - the affected limb is either carried or the animal walks in a crouched position, with the limb partially flexed.

Medial is termed "congenital" because the luxations occur early in life and are not trauma associated.
Clinical indications:
1) Neonates and older puppies - display clinical signs of abnormal leg carriage and function from the time they start walking. These cases are generally grades 3 or 4.
2) Young to mature animals - usually exhibit intermittently abnormal or abnormal movement all their lives. Generally evaluated when the symptomatic gait worsens. Most often grade 2 or 3.
3) Older animals - may exhibit sudden lameness. Usually due to further breakdown of soft tissues or the degenerative nature of joint disease. These cases are usually grade 1 or 2.

There is a school of thought that French Bulldogs frequently have Grade 1 luxations. One of the most common French Bulldog poses, the rear leg extended sit which gives them their typical 'frog look', is actually considered to be an indicator of luxation. Breeding from an animal exhibiting any form of diagnosed luxation is doubtful, but breeding of any dog with a level 3 or greater luxation is decidedly inadvisable. OFA, GDC and OVC all do screening for patellar luxation.

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**Hot Spots**

A "Hot Spot" is an area of bacterial skin infection that increases through self-mutilation by the dog. An area of skin is irritated (flea bite, allergy or other irritant), the dog scratches or chews the area enlarging the opening, the area becomes infected, thus begins the cycle. Hot spots are warm, swollen, painful patches of skin that exude pus and serum, and tend to give off a foul odor. These areas can appear suddenly, they tend to enlarge rapidly (especially in hot humid weather) and can reach a size of several inches in diameter. Hair loss is rapid. Between the dog chewing or clawing the coat out and bacterial spread the progress can be significant within a matter of hours. Hot spots most often appear on the neck, ears, chest, rump, flanks, and back (areas of access to clawing or chewing).

Treat by clipping all remaining hair away from the infected area. This will allow air to dry the area and promote healing. Gently cleanse the area with a surgical soap (pHisoHex, Oxydex, or Betadine). Apply topical antibiotic-steroid cream such as Panalog to aid in reducing irritation and promote healing. Dependent upon the extent of the hot spot the dog may need oral antibiotics and steroids as well. The dog must be restrained from doing further damage to this area, this may necessitate the use of an Elizabethan collar.

To end the cycle the underlying cause must be determined. In the event of fleas - the fleas must be removed. In the event of allergies the irritant must be determined and eliminated to prevent hot spots from occurring elsewhere. A word of warning - do NOT treat hot spots with tea tree oil! Tea Tree oil has been known to cause neurological damage in canines and humans when applied in the undiluted form.

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**Atopic Dermatitis**

Atopic dermatitis is known by many names throughout the dog world. Among these names are: canine atopic dermatitis, canine inhalant dermatitis, allergic inhalant dermatitis, atopic disease, and inhalant allergy. This condition is a commonly occurring, inherited, hypersensitivity to pollens or other environmental allergens, as a result of a disorder of the immune system.

The primary clinical indication is itching. This itching can take one or multiple forms, and is most often exhibited by licking or chewing of the feet, and/or the groin area; rubbing and scratching the face, ears, and front torso; rubbing sides or buttocks on furniture or any available object; and frequent periods of "sit and spin" sessions. Additionally, affected dogs can display reversed sneezing, coat discoloration, crusty, reddened eyes, reddening of the skin, papules, and hair loss.

This condition can vary greatly from region to region. Since the most common allergies are: dander, pollens of grasses, weeds, and trees; dust and molds. The irritants can be seasonal and some regions of the United States have a higher incidence of irritants than others. Found in both males and females, this condition has a higher incidence in females. The most common age of onset is between one and three years of age. It is alarmingly common in French Bulldogs, and its origins are a mystery at this time. It has been theorized that hypothyroidism is at root of this disorder, but thyroid testing of the dogs which we have had with this condition have been negative. Perhaps there is some other, underlying immune suppression at work which are not yet equipped to pin point or diagnose.

Idealistically, avoidance of the irritating substance would present the most desirable long-term means of treatment. This can be achieved in some cases, but in most this is not a practical solution. Medically, there are numerous treatments such as glucocorticoids and/or antihistamines. In some cases hypo-sensitization is the best means of treatment.