PUPPY STRANGLES AND ITS SUCCESSFUL THERAPEUTIC MANAGEMENT– A CASE REPORT

A. Arthi[1], P.V. Tresamol[2] and Deepa Chirayath[3]

[1]M.V.Sc. Student, [2]Professor and Head, [3]Assistant Professor; Department of Veterinary Epidemiology and Preventive Medicine, College of Veterinary and Animal Sciences, Kerala Veterinary and Animal Sciences University, Mannuthy, Thrissur–680651 (Kerala).

[Received: 20.10.2016; Accepted: 16.5.2017]

A three and a half month old Dachshund puppy that was presented to the University Veterinary Hospital, Kokkalai with a history of dysphagia and bilateral submandibular lymphadenopathy was diagnosed as Puppy Strangles (Juvenille cellulitis) and treated for the same with prednisolone for two weeks. The animal showed uneventful recovery after treatment.

Keywords: Dachshund, Dysphagia, Prednisolone, Puppystrangles.

Puppy Strangles (Juvenile cellulitis) is a lympho-cutaneous disease of puppies between the age group of three weeks to four months (Reiman *et al.*, 1989). It is considered as a systemic disease rather than a skin disorder by many authors since there rare instances with no cutaneous involvement. Pyrexia, anorexia and suppurative arthritis with joint pain are some non-specific signs (Hutchings, 2003). The disease has several synonyms like lymphadenitis aposthematosa, puppy strangles and juvenile sterile granulomatous dermatitis. The etiology is unknown. Allergic reaction to food and vaccines, poor hygiene, stress and parasitism are some proposed factors. The present case report is of juvenile cellulitis in a Dachshund puppy and its successful therapeutic management.

Casehistory and Observations

A three and a half month old female Dachshund puppy was presented to the University Veterinary Hospital Kokkalai (Thrissur), with a history of dysphagia and bilateral swelling below the ears. The puppy was given antirabies (Raksharab) vaccination one week back. There was no proper deworming history. The animal was not given multicomponent vaccine. On clinical examination all the vital parameters were within the normal range. Bilateral submandibular lymphadenopathy and periocular alopecia were noticed (Fig. 1).

Fig.1: Bilateral submandibular lymphadenopathy

Materials and Methods

Blood sample was collected for haemato-biochemical analysis. No parasitic ova could be detected on coprology. Based on the recent vaccination history and signs of bilateral lymphadenopathy the case was diagnosed as juvenile cellulitis. Prednisolone at a dose rate of 1.5mg/kg body weight was given twice daily, orally for one week along with syrup amoxycillin and potassium clavulanate at a dose rate of 20mg/kg twice daily orally for five days.

Results and Discussion

Hematological parameters like Haemoglobin, Erythrocytes (RBC), Leukocytes (WBC), VPRC, MCV, MCH, MCHC, Platelet count and Biochemical parameters like Total protein, Albumin, Globulin were estimated and found within the normal range (Table.1 and 2).

Table 1: Results of Hematology

Parameter	Result	Reference range
Hb(g/dl)	10.5	12-18
RBC /cumm	5.44	5.50-8.80
WBC/cumm	8.9	6-17
VPRC (%)	31.3	37-55
MCV(fl)	57.5	60-77
MCH (pg)	19.3	19-25
MCHC (%)	33.5	32-36
Platelet count (lacs/cumm)	349	160-525

Table. 2:Results of serum biochemical analysis

Parameter	Result	Reference range
Total protein (g/dl)	5.043	5.4 – 7.5
Albumin (g/dl)	2.335	2.3 – 3.1
Globulin (g/dl)	2.708	2.7 – 4.4

The owner was advised to continue the Tab. prednisolone at the same dose for one week more. The swelling had completely resolved when the puppy was presented after one week (Fig.2).

Fig. 2: Oneweek after therapy

Juvenile cellulitisis considered as idiopathic and is described as sterile pyogranulomatous or granulomatous dermatitis and lymphadenitis. Clinicopathological studies by Reiman *et al.* (1989) suggested that there was occurrence of complete replacement of lymph nodes by epitheloid macrophages; the predominant inflammatory cells. A Simllar report by Park *et al.* (2010) was made, who has mentioned that histopathologically initial sebaceous adenitis followed by folliculitis has beenreported. Demodicosis, bacterial pyoderma, dermatophytosis and allergic dermatitis are the differential diagnosis for juvenile cellulitis. Since the disease responds well to steroid therapy, it is believed that canine juvenile cellulitis occurs as a result of an immune dysfunction. Glucocorticoids at immunosuppressive doses for two to three weeks prevents relapse as also reported by Scott and Miller (2007). Simillar findings were reported by Park *et al*. (2010) that combination therapy with prednisolone and cyclosporin at a doserate of 5 mg/kg, PO, SID.

References

Hutchings, S.M. (2003). Juvenile cellulitisin a puppy. *Can. Vet. J.,* **44:** 418.

Park, C., Yoo, J.H., Kim, H.J., Kang, B.T. and Park, H.M. (2010). Combination of cyclosporin and prednisolone for juvenile cellulitis concurrent with hind limb paresis in 3 English cocker spaniel puppies. *Can. Vet. J.,* **51:** 1265.

Reimann, K.A., Evans, M.G., Chalifoux, L.V., Turner, S., DeBoer, D.J., King, N.W. and Letvin, N.L. (1989). Clinicopat -hologic characterization of canine juveni -le cellulitis. *Vet. Pathol.,* **26:** 499-504.

Scott, D.W. and Miller- Jr, W.H. (2007). Juvenile cellulitis in dogs: a retrospective study of 18 cases (1976-2005). *Jpn. J. Vet. Dermatol.,* **13:** 71–79.