

Oral presentations

An easier way to manage otitis externa (OE): Efficacy and safety of a new combination of florfenicol, terbinafine and mometasone furoate (Neptra®) in a randomised positive-controlled trial

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OBJECTIVES

This clinical study (positive-controlled, multicentre, blinded and randomised) evaluated the efficacy and safety of Neptra® in the treatment of acute and recurrent OE under field conditions in Europe.

METHODS

The study included 262 dogs with clinical signs of otitis externa (Total Clinical Score (TCS) ≥ 5 based on erythema, swelling, ulceration and exudate) that were allocated to receive either a single dose of Neptra® (G1) or 7 consecutive daily doses of Posatex® (G2). Samples for bacteriological, mycological and cytological analyses were collected on Days 0, 14 and 28. Dogs were re-examined on Days 7, 14 and 28. The primary outcome criterion was reduction in TCS from Day 0 to Day 28.

RESULTS

The mean reduction of TCS from Day 0 to Day 28 was 73.1% in G1 and 69.3% in G2 ($p = 0.227$). There were no significant differences for any of the secondary efficacy criteria (e.g., percentage of dogs with a clinical success (TCS ≤ 3): 87.4% in G1 and 79.5% in G2 on Day 28, clinical relapse, bacteriological and fungal response). There was no resistance induction in microbial pathogens after treatment.

The general assessment of the success of treatment by the Investigator at Day 28 was rated good or excellent in 75.5% and 60.6% of dogs in G1 and G2, respectively.

Adverse Events were non-serious and similar with regards to signs and incidence between groups.

STATEMENT (CONCLUSIONS)

Neptra® was efficacious after single administration, well-tolerated and convenient to use, and non-inferiority to Posatex® was demonstrated.

Aetiology and outcome in dogs presenting with concurrent pleural and abdominal effusion

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OBJECTIVES

To describe the aetiology and outcome in dogs presenting to a referral hospital for investigation into concurrent pleural and abdominal effusion.

METHODS

Medical records from the internal medicine database at a single referral hospital were retrospectively searched from January 2014-October 2019 for dogs presenting for investigations into concurrent pleural and abdominal effusion. Data extracted included signalment, investigation findings, final diagnosis and outcome. Outcome was measured as 30-day survival rate.

RESULTS

Thirty-one dogs were recruited to the study, nine presented with concurrent pericardial effusion. Final diagnosis was most commonly neoplasia (7/31, 23%), idiopathic pericarditis (5/31, 16%), and protein losing enteropathy (4/31, 13%). Additional recorded causes included right-sided congestive heart failure ($n = 2$), and single cases of pancreatitis with DIC, hepatopathy, trauma, and rodenticide toxicity. Diagnosis was not reached in nine cases (29%).

Follow-up was available for 26 dogs. Eight dogs (31%) were deceased at 30 days (4 from the no diagnosis group, 3 from the neoplasia group, 1 dog with right sided congestive heart failure).

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STATEMENT (CONCLUSIONS)

Concurrent pleural and abdominal effusion represents a diagnostic challenge. Neoplasia, idiopathic pericarditis and protein losing enteropathy were the most common

diagnoses in this cohort of dogs. Prognosis is reasonable for 30-day survival although appears to be guarded in those where a diagnosis is not reached.

Is extreme body size in dogs associated with differing longevity and mortality in the UK?

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OBJECTIVES

Wide variations exist across dog breed size. This study aimed to compare longevity and mortality between extreme and non-extreme sized dogs.

METHODS

Deceased dogs were identified from anonymised electronic patient records from primary-care UK practices participating in VetCompass™ during 2016. Demographic and mortality data were extracted and dogs were grouped according to body size. Risk factor analysis for the major causes of death used multivariable logistic

regression. Kaplan-Meier survival analysis evaluated time to death from when they reached adult bodyweight (18mts), in dogs of different body size.

RESULTS

The study included 15,767 deceased dogs. Median longevity was 12.2 years (IQR 10.0–14.0) in medium-sized dogs (18.0–26.9kg), 12.4 years (IQR 9.3–14.7) in toy-sized dogs (≤ 4.5 kg) and 8.3 years (IQR 6.7–9.8) in giant-sized dogs (>50 kg). Compared with medium-sized dogs, toy-sized dogs had increased odds of death from cardiac (odds ratio (OR) 3.60, 95% CI 2.49–5.21), lower respiratory tract (OR 3.08, 95% CI 2.07–4.58) and brain disorders (OR 1.43, 95% CI 1.02–2.02), whereas giant-sized dogs had increased odds of death from musculoskeletal (OR 2.36, 95% CI 1.47–3.78), collapse (OR 1.80, 95% CI 1.17–2.78) and cardiac disorder (OR 1.77, 95% CI 1.05–3.00). Kaplan-Meier survival analysis identified similar survival patterns between toy-sized and medium-sized dogs, but showed substantially shorter survival for giant-sized dogs.

STATEMENT (CONCLUSIONS)

This study highlights major differences in common causes of death dependent upon body-size. Veterinary professionals can use this information for earlier diagnosis and to prepare owners for eventual outcomes.

Do pendulous ears predispose dogs to otitis externa?

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OBJECTIVES

Otitis externa is commonly diagnosed in UK first-opinion practice. Referral studies suggest that pendulous-eared dogs are over-represented among affected breeds, but these studies are often limited by small sample sizes and selection bias. This study aimed to report the prevalence

and risk factors for otitis externa in first-opinion UK caseloads, with particular focus on associations with ear carriage.

METHODS

Demographic and diagnostic information was extracted from anonymised electronic patient records of a random sample of first-opinion dogs in the VetCompass™ database seen during 2016. Breeds were categorised by ear carriage and the data were analysed to report the one-year period prevalence of otitis externa. Risk factor analysis used multivariable logistic regression modelling.

RESULTS

Of 22,333 study dogs, 1631 had otitis externa during 2016, giving a one-year period prevalence of 7.30%