RESULTS

The two treatment groups showed no significant differences in signalment, clinical presentation and imaging findings. Significantly fewer dogs undergoing a hemilaminectomy with partial discectomy showed an early postoperative neurological deterioration ($p=0.037$) and recurrence of clinical signs of thoracolumbar IVDP within 18 months of initial presentation ($p=0.019$) compared with dogs undergoing a hemilaminectomy with anulectomy.

CLINICAL SIGNIFICANCE

Hemilaminectomy with partial discectomy for decompression of thoracolumbar IVDP is associated with a reduced rate of postoperative neurological deterioration as well as a reduced rate of recurrence of clinical signs compared to hemilaminectomy with anulectomy.

FUNDING/DECLARATIONS OF INTEREST

None.

Results of oral prednisolone administration or ventriculoperitoneal shunt placement in dogs with congenital hydrocephalus

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OBJECTIVES

Little is known about the role of non-surgical treatment for dogs with congenital hydrocephalus. The aims of this study were to evaluate prednisolone administration or ventriculoperitoneal shunt placement for dogs with congenital hydrocephalus.

METHODS

Retrospective review of medical files (January 2005–January 2015) for dogs with congenital hydrocephalus.

Patients were categorized as undergoing either surgical treatment consisting of ventriculoperitoneal shunt placement ($n=29$) or medical treatment consisting of oral prednisolone administration ($n=13$). Follow up information was obtained from owners and referring veterinarians. Clinical findings at the time of diagnosis, short term and long term outcome were recorded.

RESULTS

Dogs treated surgically or medically did not differ in signalment, duration and type of clinical signs, presence of neurological deficits, or insurance status. Median follow-up for surgically treated dogs was 436 days and 303 days for medically treated dogs. Of the surgically treated dogs, 15/25 (60%) improved with 11/25 (44%) being considered neurologically normal. Of the medically treated dogs, 5/12 (41.6%) improved with 4/12 (33.3%) being considered neurologically normal. Deterioration in neurological signs resulted in euthanasia of 9/29 (31%) surgically treated and 4/13 (30.7%) medically treated dogs. Within one year of treatment, 3/13 medically treated dogs had switched to surgical treatment due to deterioration. No statistical differences were seen in any of the evaluated outcome measures.

STATEMENT

Although ventriculoperitoneal shunt placement is typically considered the treatment of choice for dogs with congenital hydrocephalus, the results of this study suggest that medical management can be associated with satisfactory outcomes in selected cases.

Myoclonus in older Cavalier King Charles spaniels

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OBJECTIVES

To increase awareness of a myoclonic epilepsy in Cavalier King Charles spaniels (CKCS).

METHODS

Medical records were searched for CKCS observed to have myoclonic jerks.

RESULTS

14 dogs were identified (9 female). Dogs had similar episodes described as rapid eyelid blinking with head

nodding/shuddering and variable extension down one forelimb which could result in falling or stumbling. The movement lasted seconds, had no obvious trigger, was most likely when stationary in a sternal or sitting position and did not appear associated with loss of consciousness. Multiple daily episodes were seen and increased in frequency and intensity over years. The age of onset ranged from 4 to 13 years (mean and median 8 years). 10 of 14 dogs had brain and spinal MRI (50% had been under long term care for other neurological conditions). All had chiari-like malformation and variable ventriculomegaly. 6 of 10 had syringomyelia. 5 dogs had epilepsy with generalised tonic-clonic seizures; 1 dog had a juvenile myoclonic epilepsy when aged 3–6 months and 2 dogs

had paroxysmal events suspicious for seizures. 3 owners reported signs suggesting progressive cognitive dysfunction from the age of 7 years (2 dogs) and 10 years (1 dog). Genetic testing for Lafora disease and Episodic Falling was negative. Anecdotally the myoclonic jerks improved following prescription of Levetiracetum and possibly corticosteroids.

STATEMENT

Myoclonic jerks are common in older CKCS and should not be assumed to be a consequence of syringomyelia. There may be a link with generalised tonic-clonic seizures and mental deterioration.