Poster presentations

RESULTS

Cat 1 presented for investigation of urinary retention and constipation. Hypotonic anal sphincter, reduced perianal and bulbocavernous reflexes, over-distended bladder, discomfort at lumbosacral palpation were noted on examination. Cat 2 presented with a 1-month history of decreased appetite, reluctance to jump, reduced level of activity and constipation. Discomfort at lumbosacral palpation and reluctance to move were noted on examination. MRI revealed dorsal bulging of the desiccated intervertebral disc at S3-Cd1 in cat 1 and at Cd1-Cd2 in cat 2. Associated spinal nerve root compression was suspected in both cases. A dorsal decompressive laminectomy with fenestration in cat 1,

and dorsal laminectomy only in cat 2 were successfully performed. Both cats recovered uneventfully with resolution of neurological signs. Recurrence of signs was not observed during a post-operative period of over 24 months.

STATEMENT

These are the first two reported cases of sacral/caudal intervertebral disc disease in cats. Intervertebral disc protrusion of the caudal discs should be included in a differential diagnosis for cats presented with urinary retention, constipation, reluctance to move and caudal spinal pain.

Survival time in a dog with brain melanoma treated surgically, with adjuvant chemotherapy and radiation therapy

Pablo Pérez López, Giunio Bruto Cherubini

Dick White Referrals, Six Mile Bottom, UK

OBJECTIVES

Report the outcome of a dog diagnosed with CNS melanoma managed with multimodality treatment.

METHODS

A five-year female entire Cocker Spaniel was admitted for obtundation and non-ambulatory tetraparesis.

MRI of the brain revealed a T2-weighted hyperintense mass lesion in the right olfactory and frontal lobe area and a contrast enhancing mass in the right frontal sinus.

Transfrontal craniotomy was performed for excision of the masses and topical cytarabine and methotrexate were applied.

The dog was discharged 5 days postoperatively, ambulatory with almost no neurological deficits. Histopathology revealed a malignant pleomorphic pigmented tumor compatible with melanoma.

RESULTS

Four courses of adjuvant chemotherapy (lomustine 20 mg/m² for 3 days every 4 weeks) were started 2 weeks postoperatively.

At 27 weeks after surgery the dog was readmitted for mild right exophthalmos. MRI revealed a fluid accumulation aligned along the dorsomedial aspect of the globe. Cytology was suggestive of malignant melanoma. Right retrobulbar mass excision and exenteration was performed.

At 35 weeks, a course of radiotherapy was started (one week apart each, 850cGy per fraction, to the total dose of 34Gy) and lomustine repeated and discontinued at 43 weeks.

71 weeks postoperatively a follow-up MRI was performed with no evidence of recurrence.

23 months postoperatively the dog was readmitted for acute worsening of neurological signs, diagnosed with recurrence of the melanoma evident on CSF and MRI and was eventually euthanised due to lack of response to treatment.

STATEMENT

Central Nervous System melanoma managed with multimodality treatment may have a long survival time, but further investigation is needed.

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