G-value = 9542.8d/sc; Outcome 2, n= 5, mean G-value= 8,860d/sc). However, statistical analysis performed using one-way ANOVA comparing G-values between outcome groups did not support significance of this trend ($p=0.94$). There was no suggestion of trends between SIRS score and outcome or G-value and SIRS score.

In this study no statistically significant trends were identified. This likely reflects that no relationships exist between

G-value, SIRS score and outcome. There is no evidence from this study to support the use of G-value or SIRS score as prognostic indicators of outcome in chronic hepatopathy. It is possible that if the apparent trend in the G-values between outcome groups is true, the sample population was too small to identify significance. Repeated analysis of a larger sample size comparing outcome and G-value could be considered as an area for further investigation.

Effect of co-administration of gastroprotectants in reducing the risk of gastrointestinal side effects in dogs treated with immunosuppressive doses of corticosteroids

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BACKGROUND

High doses of corticosteroids are associated with gastrointestinal side effects. High doses of prednisolone (or equivalent corticosteroid) are used to treat immune-mediated diseases with or without the co-administration of gastroprotectants such as proton pump inhibitors, histamine H₂ receptor antagonists and sucralfate.

OBJECTIVES

Retrospective study investigating the co-administration of gastroprotectants and immunosuppressive doses of corticosteroids in reducing the risk of developing of gastrointestinal (GI) side effects observed as vomiting or diarrhoea.

STUDY

Electronic patient records at a university teaching hospital were searched to identify dogs with diagnoses of immune-mediated

haemolytic anaemia, steroid responsive meningitis or immune-mediated polyarthritis that were treated with immunosuppressive doses of corticosteroids. Dogs with immune-mediated thrombocytopenia were excluded from the study due to the increased risk of gastrointestinal bleeding.

The patient records were searched to identify whether dogs developed gastrointestinal signs after the administration of corticosteroids. Dogs were grouped according to whether gastroprotectants were administered before (prophylaxis group) or after (treatment group) GI signs and compared to those that received none. Logistic regression was used to analyse the risks of developing GI signs in these groups.

RESULTS

115 dogs were included. The median dose of corticosteroid administered was 2mg/kg/d. Excluding the treatment group, 16.8% (16/95) of dogs developed gastrointestinal side effects. 48.7% (56/115) of dogs received prophylactic gastroprotectants, 17.4% (20/115) received treatment and 33.9% (39/115) received none. The odd ratio (OR) comparing the risk of developing GI signs in the prophylaxis and no gastroprotectant groups was 3.63 (95% CI: 1.07,16.72), which was not statistically significant ($p=0.0577$). The OR comparing the treatment and none groups was 14.67 (95% CI: 3.72, 75.89), which was statistically significant ($p=0.0003$).

CONCLUSION

The prophylactic use of gastroprotectants in these dogs did not reduce the risk of developing gastrointestinal side effects following the administration of immunosuppressive doses of corticosteroids and the administration of gastroprotectants following the development of gastrointestinal signs may not reduce the clinical signs in this population of dogs.

Intestinal IL-17a protein expression in inflammatory bowel disease in dogs

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Interleukin 17 (IL-17) is a cytokine implicated in the pathogenesis of inflammatory bowel disease (IBD) in humans and mice. However, in dogs with IBD, no research has identified a definitive cytokine predominance in the intestines of diseased dogs. Previous work has shown that IL-17a mRNA expression in intestinal biopsies is low in both dogs with IBD and healthy controls. In this study, we therefore evaluated protein expression of IL-17a in the intestines of dogs with IBD to clarify further its potential role. Immunohistochemistry was performed using a polyclonal human IL-17a antibody (Abcam, ab79056), diluted at 1:100, followed by the Dako REALTM Rabbit-Mouse Detection System, HRP/AEC. Slides were viewed and images taken

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