Ocular disease in cases of acute distemper in seven dogs

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It is widely recognised that the morbillivirus causing canine distemper gives ocular signs of conjunctivitis and keratoconjunctivitis sicca (KCS), yet the few papers documenting these signs were published around 30 years ago and the one recent paper particularly evaluated histopathological rather than clinical findings. Here we document clinical findings of seven dogs with distemper presented in a clinic in Turkey.

Seven dogs with acute distemper were evaluated by full ophthalmological examination, particularly scoring conjunctival

hyperaemia and ocular discharge as 0 (none), 1 (mild), 2 (moderate) and 3 (severe) and measuring tear production using the Schirmer tear test (STT).

The seven dogs were generally moribund and all but one died or were euthanased soon after presentation. Their STT values were 4.4 ± 2.0 mm/min (od) and 3.7 ± 2.7 mm/min (os), significantly lower than the recognised normal level of around 15 mm/min. Mean conjunctival hyperaemia score was 2.3 ± 1.0 and mean ocular discharge score was 1.7 ± 1.3 . The ocular surface was dark and devitalised and where it was possible to visualise the posterior segment, funduscopy demonstrated areas of hyper-reflectivity suggestive of chorioretinitis.

This small study demonstrates severe KCS and chorioretinitis in cases of canine distemper which, while previously reported in the distant past, have rarely been documented in recent times and not with photographic evidence as shown in this presentation.

Evaluation of a barbed knotless absorbable wound closure device for intradermal wound closure in both a vertical and horizontal plane and to determine rate of wound dehiscence

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INTRODUCTION

To assess the performance of an absorbable barbed suture device for intradermal wound closure and document the occurrence and incidence of wound dehiscence in both horizontal and vertical wound planes.

MATERIALS AND METHODS

This prospective study was conducted in 68 consecutive patients (canine and feline), all of which underwent surgery by a board certified surgeon. 2 metric barbed suture material was placed as a continuous horizontal mattress pattern intradermally. Each patient was monitored for signs of dehiscence and wound healing during their period of hospitalisation. Other criteria recorded were surgical procedure, use of antibiotics. Antibiotic use was restricted to perioperative use in those

patients classified as clean contaminated or contaminated. A total of 9 of the 68 patients had vertical plane intradermal closures, and 59 of the 68 were in a horizontal plane.

RESULTS

Three of the 68 patients (4.4%) had wound dehiscence at the distal end of the wound. One patient had dehiscence of a vertical wound (an Irish wolfhound) that had undergone resection of a chronic non-healing wound bed on the lateral metatarsal area. The other two were horizontal ventral mid-line coeliotomies; one had gastric and intestinal foreign bodies removed and the other had undergone a cholecystectomy for a gall bladder mucocoele.

CONCLUSIONS

A barbed knotless wound closure device was found to have a low dehiscence rate. It is a safe suture material demonstrating excellent handling properties, accurate tissue apposition and decreased foreign material implantation in a wound bed environment. There was no significant difference in dehiscence rates between vertical and horizontal closure. The rate of dehiscence compares favourably with published rates of dehiscence for canine and feline surgical wounds, and is less than the published acceptable level of 5% risk. Further studies need to be performed in order to confirm whether the dehiscence rate is due to the barbed suture used in this study, particularly the way in which the distal end of the wound is secured or related to the other contributing factors such as surgeon technique, complicating patient factors, etc. Comparative studies should be made with other wound closure methods.