Immune-mediated polyarthritis in fourteen cats (2009–2018)

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OBJECTIVES

To describe the clinical features and outcome in cats with non-erosive immune-mediated polyarthritis.

METHODS

Multicentre retrospective case series. Cats with non-erosive immune-mediated polyarthritis were identified by searching five hospital databases between 2009 and 2018. Data including signalment, history, investigation findings including presence of a trigger and category (infectious,

gastrointestinal, or neoplastic), and treatment was analysed. Referring vets were contacted for follow-up.

RESULTS

Fourteen cases were identified; there was no obvious sex predisposition (7 MN, 2 ME, 5 FN), median age was 8.5 years (range 1–14 years), and most common breeds were domestic shorthairs (7) and Maine coons (3). Common clinical signs included lameness (14/14) and pyrexia (6/12). In half of the cases (7/14) a trigger was identified; this was considered to be infectious in four cats (FIV 2/4, infectious discospondylitis 1/4, pneumonia 1/4) and gastrointestinal in three cats.

Ten cats received immunosuppressive therapy (prednisolone 8/10, ciclosporin 1/10, prednisolone and chlorambucil 1/10). In four cats adjunctive immunosuppressants were later instituted (chlorambucil 3/4, ciclosporin 1/4) due to poor response (2/4) or side-effects (2/4). The four cats considered to have an infectious trigger received anti-inflammatories +/- antimicrobials. At short-term follow-up four cases were euthanased due to poor response (3/4) or drug side-effects (1/4).

STATEMENT (CONCLUSIONS)

Pyrexia is not a consistent feature in cats with immune-mediated polyarthritis and a trigger, specifically infectious or gastrointestinal disease should be considered. Prognosis appears fair, some cats experienced drug side-effects or had a poor response to immunosuppressive monotherapy.

Does duration of clinical signs prior to diagnosis affect outcome in dogs with immune-mediated polyarthritis

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OBJECTIVES

To explore outcome in dogs diagnosed with primary non-erosive immune-mediated polyarthritis and to evaluate whether duration of clinical signs for more than 30 days prior to diagnosis affects risk of relapse.

METHODS

Retrospective single referral-centre study. The hospital database was searched January 2009 to August 2018 for

dogs with a diagnosis of idiopathic non-erosive IMPA. Data extracted included signalment, duration of clinical signs, outcome and relapse episodes. Long-term follow-up was achieved by contacting referring veterinary practices. Data was recorded descriptively and categorised. A Chi squared test was used to assess whether clinical signs of >30 days duration prior to diagnosis was associated with a risk of relapse.

RESULTS

One hundred and one dogs were identified. Long-term follow-up was available for 75 dogs. Median age at diagnosis was 4.49 years (range 0.38–11.02 years). Median duration of clinical signs was 30 (range 1–632) days, 37/75 cases (49%) relapsed, with a median relapse time of 119 (range 3–1410) days after diagnosis. There was no association between duration of clinical signs and risk of relapses ($p = 0.54$). Fifty-six dogs were alive at the time of follow-up, 12/19 (63%) died or were euthanised as a result of their disease.

STATEMENT (CONCLUSIONS)

Long-term prognosis in this cohort of dogs with primary non-erosive immune-mediated polyarthritis was fair, with a high risk of relapse (49%) and death due to disease (16%). Although duration of signs prior to diagnosis was highly variable, this was not associated with risk of relapse.