Oral presentations

Masticatory Muscle Myositis in Dogs: the use of Dexamethasone as an alternative corticosteroid treatment - outcomes and side effects (Preliminary Results)

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OBJECTIVES

This study aims to assess the efficacy of dexamethasone as the corticosteroid treatment for masticatory muscle myositis (MMM) in dogs. We hypothesise that dexamethasone is an effective treatment, either alone or in conjunction with other immunosuppressant medications, for MMM in dogs and that side effects of treatment are minimal.

METHODS

This retrospective single-centre case series describes the outcome following treatment of dogs diagnosed with MMM with Dexamethasone +/- additional immunosuppressive agents (Azathioprine/Cyclosporine). The study population consists of 18 dogs presented to our referral hospital between March 2011 and September 2018 that were subsequently diagnosed with MMM.

RESULTS

Of the 18 dogs diagnosed over the study period with MMM, follow up records were available at the time of abstract submission for 14 dogs. On examination between two and four weeks after instigation of treatment, eight dogs (57%) showed a full resolution of signs, five (38%) showed a partial response and one (7%) showed no response.

Records were available for follow up examination between six and ten weeks for 10 dogs. Of these dogs, seven (70%) showed a full resolution of signs and three (30%) showed a partial resolution.

In all cases an acceptable quality of life was achieved, with all dogs having good response to treatment. Six (40%) experienced side effects attributed to steroid treatment, only one (7%) necessitated modification of the treatment regime.

STATEMENT (CONCLUSIONS)

These preliminary results demonstrate that dexamethasone can be used effectively to treat MMM in dogs, as an alternative corticosteroid to prednisolone. A mild degree of morbidity is associated with dexamethasone use.

Troponin I elevation in dogs with acute cerebrovascular disease

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OBJECTIVES

Cardiac troponin I (cTnI) is a highly selective and specific marker of myocardial necrosis. It is elevated in some human patients with acute cerebrovascular accidents (CVA) and carries a worse prognosis in terms of fatality and disability. Our main aims were to determine if dogs with CVAs have elevated cTnI concentrations and if so, if this associated with a worse prognosis and with possible underlying cardiac disease.

METHODS

Dogs presented for investigation of acute neurological deficits (less than 1 week duration) and diagnosed with

CVA by magnetic resonance imaging were prospectively enrolled and cTnI levels, systolic blood pressure, electrocardiogram and echocardiogram were performed in these patients. Short and long-term follow-up were subsequently obtained to determine if there is an association between the cTnI levels and survival.

RESULTS

Eighteen dogs met the inclusion criteria. Clinical signs varied depending on the location of the infarct but were in most cases compatible with central vestibular disease with 10/18 dogs being non-ambulatory on presentation. cTnI levels were increased in all dogs but 1 (median 0.95 ng/ml, range 0.146–153). Echocardiography revealed preclinical myxomatous valve disease in 12/18, dilated cardiomyopathy in 1/18 and aortic stenosis in 1/18 dogs but this was not considered to be the underlying cause for the CVA in any dog. Concurrent medical conditions identified included primary hypertension (5), renal disease and hypertension (4) and hyperadrenocorticism (2).

STATEMENT (CONCLUSIONS)

cTnI levels were commonly increased in dogs with CVA but were not thought to be associated with underlying cardiovascular disease.