

P26 MYASTHENIA GRAVIS IN GOLDEN RETRIEVER DOG- CASE REPORT

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Introduction: Myasthenia gravis (MG) is a neuromuscular disease due to deficiency or functional disorder of the nicotinic acetylcholine receptors (AChRs) or an autoimmune attack against AChRs resulting in depletion of the receptors. Clinical signs are very characteristic and they can include: weakness of the limbs, weakness of the facial and extraocular muscles, aspiration pneumonia due to swallowing difficultis, which leads to secondary megaesophagus and regurgitation. Depending of the clinical manifestation there are three forms of MG: focal MG (FMG) with muscle weakness restricted to specific groups of pharyngeal, esophageal, laryngeal, or facial muscles; generalized MG with exercise induced appendicular muscle weakness and megaesophagus; acute fulminating MG that involves a rapid onset of appendicular muscle weakness, dyspnea, and collapse.

Material and Methods: A 7 years old Golden Retriever male dog was admitted at the University veterinary hospital in Skopje with a history of weight loss, drooling, inability to open the mouth and muscle weakness. He had been previously treated mainly by antibiotics and corticosteroids without any improvement. The patient was admitted with notably reduced weight (21kg) and normal trias. Ultrasound findings were normal. No tumor mass was detected in the oropharynx. Complete blood count and biochemical results showed bacterial infection and elevated liver enzymes (Table1). X-ray imaging revealed mega esophagus and aspiration pneumonia. (Image 1) Based on the clinical and diagnostic findings, the presumptive diagnose of focal myasthenia gravis was made. Immediately antibiotic, corticosteroid and pyridostigmine treatment was initiated (1mg/kg/day and 3mg/kg/bid). Due to the inability to swallow a nasogastric tube was inserted so the dog could receive food, water and medications.

Results: Two weeks after the initial treatment, patient started eating liquefied food and drink water, when the tube was removed. Corticosteroids dosage was gradually decreased to a maintaining dose (0.5mg/kg/72h), and pyridostigmine

remained in the same dose. Two months after the treatment, the patient gained 5kg, with no signs of muscle weakness or paralyses.

Conclusion: Despite the fatal complications, such as aspiration pneumonia, prognosis for the recovery in dogs with focal acquired myasthenia gravis is good, if diagnosed and treated on time. Prevention of aspiration pneumonia in dogs with megaesophagus, along with cholinesterase inhibitors (pyridostigmine) are the most important aspects of the therapy.

Key words: dog, Myasthenia gravis, pyridostigmine