

EQUINE PITIOSIS IN SÃO PAULO: CASE REPORT

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INTRODUCTION

Pythiosis is a zoonosis difficult to treat caused by *Pythium insidiosum* pseudo fungus aquatic found mainly in tropical regions. For development of the organism in the environment are required high temperatures, water accumulation and the presence of aquatic vegetation. The disease affects many domestic species and human, and the equine species is the most commonly affected. Pythiosis cause significant damage in the creation of horses in Brazil, due to the high number of deaths, treatment costs and loss of function of animals.

CASE REPORT

One horse, female, mixed breed about 12 years was removed by CCZ-SP from Grajaú administrative district. On clinical examination there was low body score, pale mucous membranes, mild dehydration, extensive ulcerative and pruriginous lesions in the sternal region, with about 30cm in diameter and large amount of bloody and purulent secretion, rarefaction areas in body and a firm nodule about 8cm in pre-scapular region. When blood count, anemia normocytic normochromic and leukocytosis.



Figure 1: Animal arrival in CCZ-SP. Low body score, rarefaction areas, hairy, urethral injury.



Figure 2: Animal arrival in CCZ-SP: pruriginous and ulcerative lesions with bloody and purulent secretion.



Figure 3: Animal arrival in CCZ-SP. Firm nodule in pre-scapular region.



Figure 4: Two months after hospitalization. Nodule draining purulent secretion.

DIAGNOSIS

Considering the morphological appearance of the lesion and origin of the animal suspected of equine pythiosis. Caseous necrotic structures removed from main lesion (kunkers) were sent to the Laboratory of Zoonoses CCZ-SP, where they were cultured in Sabouraud Dextrose Agar and Sabouraud broth and incubated at 37 ° C. The identification of the fungus was based on macroscopic and microscopic characteristics of *Pythium insidiosum* and the diagnosis was confirmed.



Figure 5: Kunkers removed from the pre-scapular.

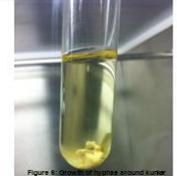


Figure 6: Microscopic fungus around kunker incubated in Sabouraud broth.

TREATMENT

Treatment was started with flunixin meglumine, sulfadiazine and trimethoprim, penicillin G benzathine, weekly baths with chlorhexidine and miconazole and management of the lesion with cleaning and applying ointment base barbatimão (*Stryphnodendron*) twice daily. Held draining node pre scapular which resulted in the elimination of pus. Severe anemia associated with the general status of the animal contraindicated the surgery. Therapy was instituted with Potassium Iodide (10mg/Kg, SID, VO), multivitamin-mineral supplementation, increasing the supply of concentrate and adding vegetable oil to the diet. As adjuvant therapy, there were four applications vaccine Pitium-vac® (lyophilized proteins *Pythium insidiosum*) subcutaneously at 15-days intervals, intensifying results. Despite the progress observed in sternal injury, the pre-scapular lump obtained partial response. Thus, set up intralesional application of amphotericin B 0,5% to the reduction of nodule size. Administration of potassium iodide and management of injury were kept until complete remission of signs and scar retraction of the main injury, which occurred after seven months of treatment. The animal was available for donation, taking into account the epidemiological aspects related to the disease.



Figure 7: Appearance of the lesion 45 days after the beginning of treatment.



Figure 8: Appearance of the lesion 60 days after the beginning of treatment.



Figure 9: Appearance of the lesion 120 days after the beginning of treatment.



Figure 10: Appearance of the lesion 180 days after the beginning of treatment.

CONCLUSIONS AND DISCUSSION

Although Pythiosis Equine is a zoonotic disease of difficult treatment, the present report highlights the feasibility of success in therapy through the involvement of the professionals of zoonoses services and educational institutions, and the possibility of reintroduction of the animal in environment in a safe for animals and humans.

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Figure 11: General view of the animal nine months after hospitalization. The scar is well defined and no longer available for donation.