



DIAGNOSIS AND TREATMENT OF SIALECTASIS IN A DOMESTIC RABBIT (*ORYCTOLAGUS CUNICULUS*)

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Abstract

An approximately 10-year-old female spayed rabbit (*Oryctolagus cuniculus*) was presented with a subcutaneous mass of the ventral submandibular and cervical region. Initial culture results from fine-needle aspirates revealed Gram-positive cocci; cultures following antibiotic therapy identified *Cryptococcus* spp. (not *Cryptococcus neoformans*), *Actinomyces* spp., unidentified yeast, and alpha-hemolytic *Streptococcus* spp. The mass did not resolve following antibiotic treatment and the rabbit was referred for further evaluation. A computed tomography scan revealed a large ($9 \times 5 \times 5 \text{ cm}^3$) fluid-filled rim-enhancing mass in the left submandibular and intermandibular region that extended caudally into the cervical region. The mass and attached skin were surgically excised, and the tissue was submitted for histopathology and culture. The histopathologic diagnosis of the mass was severe, cystic, heterophilic, lymphoplasmacytic dermatitis, and cellulitis consistent with sialectasis. Enrichment broth culture grew *Candida albicans*. The rabbit made a rapid postoperative recovery. No signs of recurrence were noted at multiple examinations until 1 year following the surgical procedure, when a small ($0.5 \times 0.5 \times 0.5 \text{ cm}^3$) mass was identified at the previous location and contained fluid consistent with saliva. Culture of this fluid was negative. About 1 year following the initial surgery, computed tomography images were consistent with mild fluid dilation of the remaining tract of the salivary duct; surgical exploration and complete excision of the duct and salivary gland were recommended but declined by the owner. Copyright 2015 Published by Elsevier Inc.

Key words: dilated duct; sialectasis; *Oryctolagus cuniculus*; rabbit; surgery

An approximately 10-year-old female spayed domestic rabbit (*Oryctolagus cuniculus*) was presented for evaluation of a 1-cm diameter subcutaneous mass of the ventral submandibular and cervical region. Initial culture results from fine-needle aspirates of the mass revealed Gram-positive cocci (rated 4+ on a scale of 4). Cultures collected following antibiotic therapy identified *Cryptococcus* spp. (not *Cryptococcus neoformans*), *Actinomyces* spp., unidentified yeast, and alpha-hemolytic *Streptococcus* spp. The referring veterinarian started treatment with procaine penicillin G (45,000 IU/kg intramuscularly every other day for 1 month, PenOne RWT; MWI, Boise, ID USA), enrofloxacin (10 mg/kg PO once a day for 2 months, Baytril; Bayer

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HealthCare LLC, Animal Health Division, Shawnee Mission, KS USA), and warm compresses over the area, but the therapeutic protocol appeared to be ineffective. A complete blood count and plasma biochemistry profile were performed by the referring veterinarian when the patient was first presented with the subcutaneous mass and were within normal limits. Other relevant medical history included a history of soft stools, rhinitis, and pneumonia. The rabbit's diet consisted of rabbit pellets, vegetables, and hay; however, hay consumption had decreased recently according to the owner. The rabbit also had a history of cheek tooth malocclusion. The rabbit was referred for further evaluation and diagnostic testing.

On physical examination 2 months after evaluation by the referring DVM, the rabbit was found to be slightly overweight (body condition score of 6/9, 3.5 kg). A fluid-filled mass, apparently originating from the region of the left mandibular ramus, was found to have rounded edges and extended from ventral submandibular to the cervical region. The mass was palpable ventrally to the midcervical area and had a soft, fluctuant consistency cranially, while caudally it was firmer. The hair over the ventral portion of the mass was thinned, presumably from over grooming (Fig. 1). Points were noted on the premolars and molars in all quadrants of the mouth, concentrated buccally in the maxillary quadrants and lingually in the mandibular quadrants; however, no signs of oral ulceration were noted. No other significant abnormalities were noted on the external physical examination. Differential diagnoses for the submandibular and cervical mass included abscess, sialocele, neoplasia, dilated salivary duct (sialectasis), or a foreign body.¹

The rabbit was sedated with midazolam (1 mg/kg intramuscularly, midazolam hydrochloride; Hospira, Inc., Lake Forest, IL USA), oxymorphone (0.2 mg/kg intramuscularly, Opana; Endo Pharmaceuticals, Inc., Greenville, NC USA), and glycopyrrolate (0.01 mg/kg intramuscularly, glycopyrrolate; West-ward, Eatontown, NJ USA). A 24-gauge intravenous catheter was placed in the lateral saphenous vein. General anesthesia was induced with ketamine (2.5 mg/kg intravenously, KetVet; Bioniche Teoranta, Inverin Co., Galway, Ireland) and midazolam (0.5 mg/kg intravenously). The patient was intubated with a 2.5-mm guarded, uncuffed endotracheal tube, and maintained on varying concentrations of isoflurane (1% to 3%) with supplemental oxygen. A computed tomography (CT) scan with precontrast and postcontrast studies was performed and revealed a large ($9 \times 5 \times 5 \text{ cm}^3$) fluid-filled rim-enhancing mass in the left submandibular and intermandibular region that extended caudally to the level of the third cervical

vertebra. The cystic structure displaced soft tissue structures to the right and the mandibular lymph nodes caudally. In the ventral cervical region, there were 2 smaller, septate, more superficial compartments filled with similar fluid that did not appear to communicate with the larger cystic structure. A dense soft tissue, heterogeneous, contrast-enhancing structure abutted the caudoventral aspect of the cystic structure between the maxillary and linguofacial veins. The contrast-enhancing structure was thought to be either the left mandibular salivary gland or an enlarged



FIGURE 1. Image of a 10-year-old female spayed rabbit presented with a submandibular and ventral cervical swelling, later diagnosed as a dilated salivary duct on histopathology. Note the hair loss, suspected as a result of over grooming.

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