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A case of Marie's Disease in a Broodmare

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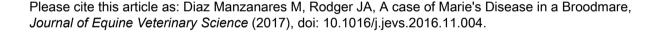
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ABSTRACT

An eight-year old Thoroughbred mare presented with acute bilateral epistaxis. The mare showed no clinical signs other than cough and profuse bilateral epistaxis. Antibiotic therapy was instituted and a transtracheal wash was collected. Large numbers of inflammatory neutrophils and gram positive cocci were reported in the tracheal wash. The antibiotic therapy was continued for seven days at which time the mare appeared clinically normal. The mare was successfully bred and was confirmed pregnant. She was referred to a hospital when the epistaxis recurred. She was treated with another antibiotic and thoracic radiographs were also taken which revealed a space occupying lesion. The mare foaled a live foal. She developed bilateral thickening of her limbs. The swellings were of boney consistency and affected all four legs, particularly the forelimbs. A diagnosis of pulmonary hypertrophic osteopathy was made. The mare was again sent for further investigation. The thoracic mass had increased in size from the first examination. A biopsy was collected by endoscopy which confirmed a neoplastic process. After deterioration in her condition, the mare was euthanized on humane grounds. An autopsy report revealed that the mare had approximately 80% of the left lung replaced by neoplastic tissue. The right lung contained many small nodular masses. There was an associated cardiomegaly. In this case, the development of periosteal proliferation in multiple metaphyses was secondary to an intrathoracic neoplastic mass.

Keywords: Hypertrophic Osteopathy, Epistaxis, Neoplasia, Cardiomegaly, Thoroughbred, Equine.

INTRODUCTION

Although Hippocrates described thickened "drumstick fingers" as a sign of severe lung disease around 2500 years ago, Marie's Disease, was the name given at the end of the 19th century for pulmonary hypertrophic osteopathy. Described in humans by von Bamberger in 1889 (1) credit is given to Marie (2) who further described the disease and differentiated it from acromegaly in 1890. The pathogenesis of the disease is uncertain but exhibits itself as hypertrophy of the metaphyses of the long bones of the body in the presence of a primary disease, usually involving the lungs. (3) The primary disease may be infection or may be neoplastic. The disease is rare and can occur in all species.

Clinically pulmonary hypertrophic osteopathy exhibits itself as non-oedematous bony swellings mainly of the metaphyses of the distal limbs which may involve all four legs. It has also been described involving the mandible. Mandibular involvement was particularly described by Enright (4) and others in Ireland. Their paper contains some discussion of the aetiology, in particular two possible theories that have been proposed, one involving platelet derived growth factors and the other associating neuronal changes with increased local blood supply.

CASE HISTORY

An eight year old thoroughbred mare was presented in November 2013 with acute bilateral epistaxis. The mare was bleeding profusely from both nostrils and coughing. She was not febrile and showed no other clinical signs. After a period of box rest the haemorrhage subsided. Antibiotic therapy (tetracycline, Alamycin 10, 5mg/kg sid IV) was commenced and a tracheal wash collected and submitted for cytology, culture and sensitivity. Haematology taken at the initial examination revealed a neutrophilia with an elevated fibrinogen. Biochemistry was unremarkable apart from a slightly low serum calcium concentration. The laboratory reported large numbers of inflammatory neutrophils and gram positive cocci in the tracheal wash. The antibiotic was continued for seven days at the end of which the mare appeared clinically normal.

She was successfully bred 12 days later and confirmed pregnant.

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