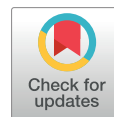


ADNEXAL CYSTADENOMA IN A BEARDED DRAGON (*POGONA VITTICEPS*)



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Abstract

An adult female bearded dragon (*Pogona vitticeps*) presented to the University of Georgia Veterinary Teaching Hospital for an area of swelling affecting the left eye of approximately 3 years' duration. Upon examination, the left eye could not be evaluated due to an extensive periorbital mass effect. Hematologic and advanced diagnostic testing were recommended, but due to financial concerns the owner declined. Ultimately, the patient was humanely euthanized and was submitted for necropsy. The mass was diagnosed via histopathology as a cystadenoma of the eyelid. *Phthisis bulbi* of the left eye with granulomatous inflammation was also observed. Copyright 2018 Elsevier Inc. All rights reserved.

Key words: cystadenoma; bearded dragon; adnexal; tumor; periorbital

According to the American Pet Products Association (APPA) the number of US households that own a reptile rose from 2.8 to 4.7 million from 1994 to 2008, an increase of 68%. In addition, the APPA conducted a survey in 2011-2012 and found that 13 million reptiles are maintained as pets in 4.6 million households. With the rise in popularity of reptile ownership, the demand for veterinary care is also increasing. Regarding reptile ophthalmic disease, malformations; infections from bacterial, fungal, or parasitic agents; nutritional disturbances; cysts; and neoplasia have been described.¹ Ophthalmic neoplasms described in reptiles include fibromas, fibropailomas, fibrosarcomas, keratoacanthoma, squamous cell carcinomas (SCC), and lacrimal cystadenomas.¹⁻⁷ The bearded dragon, in particular, is becoming an increasingly popular pet; however, there is limited published information regarding the ophthalmic neoplasms in this reptile species. Recent reports pertaining to bearded dragons describe a periorbital adenocarcinoma, periorbital myxosarcoma, and squamous cell carcinoma.⁸⁻¹⁰ This case report describes the clinical presentation, signs, and gross and histopathologic diagnosis of a bearded dragon with a periorbital adnexal cystadenoma.

CASE REPORT

An adult female bearded dragon presented to the primary care veterinarian 2 months prior to presentation at the University of Georgia Veterinary Teaching Hospital (UGA-VTH) for decreased appetite and evaluation of a periorbital swelling that had been present for approximately 3 years. According to the referring veterinarian's records, at that time, the tissues surrounding the left eye were debrided and a large amount of necrotic material was removed. Owing to the

presence of the necrotic tissue, the patient was placed on oral enrofloxacin twice daily (unknown dose) and triple antibiotic ophthalmic ointment twice daily in the left eye for 14 days. During that treatment period, the patient was being force fed by the owner and the periorbital swelling appeared to slightly improve. However, the swelling of the left eye returned, at which time, the patient was referred to the UGA-VTH Exotics and Ophthalmology Services for further evaluation.

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Upon presentation to the UGA-VTH, the patient had a body weight of 340 g with a body condition score of 5/5, heart rate of 28 beats per minute, and a respiration rate of 12 breaths per minute. The patient was quiet but responsive, and a large mass was palpated within the coelom. Considerations for the abnormal coelomic palpation included fecal impaction, an abdominal mass, or large abdominal fat pads. Excluding the coelomic anomaly, the remainder of the external physical examination was unremarkable. The ophthalmic examination revealed a severe periorbital swelling of the left ocular adnexa with the superior aspect of the swelling seemingly fluid filled while the inferior portion was firm upon palpation (Fig. 1). Palpebral, menace, and dazzle responses could not be assessed due to the severity of periocular swelling. There was mild mucoid ocular discharge and elevation of the third eyelid. The conjunctiva was markedly hyperemic, chemotic, and appeared hemorrhagic/bruised (Fig. 2). The globe could not be visualized. Ophthalmic examination of the right eye was unremarkable.

Based on the ophthalmic examination and previous initial response to antibiotic therapy, a periorbital and/or retrobulbar abscess was the primary differential diagnosis. Other considerations included neoplasia (e.g., squamous cell carcinoma), but due to the 3-year history of swelling, a malignant neoplasm was considered less likely of a differential disease diagnosis. Other ophthalmic disease considerations included a bacterial, fungal, or sterile inflammatory granulomatous response or a benign tumor. Diagnostic tests, including a complete blood count (CBC) and serum biochemistry panel to evaluate the patient's condition, in addition to diagnostic imaging (radiographs and computed tomography), were recommended at this time, but declined by the owner due to financial constraints.



FIGURE 2. The conjunctiva was markedly hyperemic, chemotic, and appeared hemorrhagic/bruised. Owing to the periorbital mass, chemosis, and third eyelid, the globe could not be visualized.

Owing to the severity of the swelling and probable pain associated with the ocular disease condition, resolution of the swelling was deemed necessary to ensure an appropriate quality of life. With the previous recurrence of ocular swelling despite medical management, surgery for enucleation or exenteration was recommended but was also declined by the owner. Therefore, the patient was humanely euthanized and submitted for necropsy.

On gross examination, the left globe was displaced dorsally by a flocculent, mottled, tan-to-red cystic mass protruding 1.5 cm from the orbit. The mass appeared to arise from the eyelid and contained a moderate amount of straw-colored viscous fluid (Fig. 3). Histopathological observations of the eyelid mass revealed a cystic cavity lined by a stratified cuboidal epithelium, and contained proteinaceous globules and cellular debris. Surrounding the cystic mass were moderate amounts of dense collagen fibers with few capillaries and nerve bundles (Figs. 4 and 5). The left globe was markedly compressed and contained abundant edematous granulation tissue with large acicular clefts surrounded by multinucleated giant

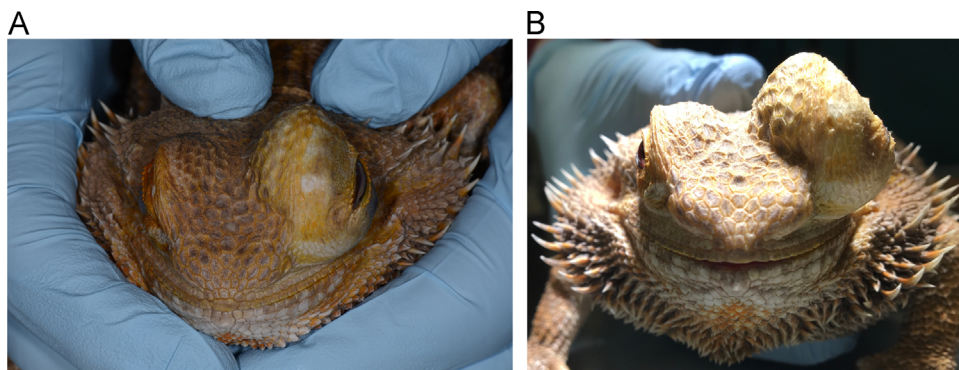


FIGURE 1. (A) Severe periorbital mass of the left ocular adnexa. (B) The superior aspect of the mass palpated as fluid, filled while the inferior portion was firm.

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