



CLINICAL MANAGEMENT OF POLYSACCHARIDE STORAGE MYOPATHY

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History

A five-year-old Quarter Horse mare was presented with a history of repeated attacks of stiffness and dark urine. Onset of clinical signs (back and rear legs stiffness, trembling and sweating) was observed within first 30 minutes of exercise and disappeared within

four hours. All attacks were observed during the last two years, three of them appeared after a few days of rest without feed reduction.

Clinical and haematological parameters

Clinical and haematological examination did not reveal any abnormality. Biochemical examination revealed mild elevation of AST (1374 IU), CK was within normal limits (285 IU). Plasma concentration of vitamin E and whole blood activity of GSH-Px were within normal limits. Biopsy of medial gluteus muscle and its histological examination were performed (H&E, PAS, amylase-PAS).

Amylase-PAS reaction revealed amylase resistant polysaccharide granules in muscle fibres.

Diagnosis and treatment

On the basis of histopathology, the diagnosis of PSSM was established. Grain was withdrawn and feeding with hay was recommended. Because of weight loss, corn oil (250 ml) with alfalfa pellets and malt sprouts were added (medium work). The amount of oil was increased to 400 ml (hard work) but the mare was difficult in riding. Now, 125 ml of corn oil is applied daily (light work). The mare is ridden three times in a week, three times hand walked for 30 minutes and one day in a paddock. Diagnosis of PSSM was established 13 months ago. The mare competed successfully in reining competitions last season and had one mild attack with muscle stiffness only.