EVALUATION OF SOMATOSENSORY EVOKED POTENTIALS IN CATS WITH TRAUMATIC SPINAL CORD INJURY WITHOUT DEEP PAIN SENSATION
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Neurological examination and basic or enhanced imaging techniques are the essential procedures for assessing the severity of spinal cord lesions. Some spinal cord dysfunctions can originate from a purely functional problem which can not be localised by imaging. Some of these limitations may be overcome by the electrophysiological examination.

The purpose of this study is to present somatosensory evoked potential findings in 25 cats naturally acquired traumatic spinal cord injury between T9–L4 vertebrae. The potentials were recorded from the scalp and one spinal segment caudal and cranial to the injured area. The potentials, recorded from caudal and cranial spinal segments were evaluated as normal, incomplete injury potentials, complete injury potentials, major deformation and isoelectric line. In the caudal spinal segment normal potentials were found in 8 cases, incomplete injury potentials in 5, complete injury potentials in 5, major deformation in 5, and an isoelectric line in 2 cases, respectively. In the cranial area of trauma, incomplete injury was demonstrated in 3 cases and complete injury potentials in 2, major deformation in 2, and an isoelectric line in 18 cases, respectively. In conclusion, the cranial part of injured area had more extensive signs of damage than the caudal area although the caudal area of the injured site was also affected in many cases. The somatosensory evoked and spinal cord evoked potentials can be used as an ancillary diagnostic tool for determination of functional integrity of the ascending tracts of the spinal cord in cats.

References

ATOPIC DERMATITIS ON THE PINNÆE OF A CAT
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A 7 month old female neutered cat was referred to the dermatology department of the University clinic because of extremely pruritic ears since three months. Physical examination revealed extremely automutilated pinnae, the lesions could be described as crustae, ulcers and hyperkeratosis. The pinnae are erythematous and hyperthermic. The cat reacted strongly to touching the pinnae by making scratching movements with her hindpaws and by pushing her head against the examiners hands. There were no other lesions on the cat’s body.

The differential diagnosis for this cat was otitis externa, ectoparasites, food-allergy, atopic dermatitis, allergic reaction to the topical medication, and neoplasia. The diagnostic plan for this cat consisted of skin scrapings, otoscopic examination and histological biopsies. The skin scrapings and otoscopic examination were negative. While waiting for the results of the biopsies, the cat was send home with a collar and temporary use of glucocorticoids because of the automutilation. The owner was instructed to treat all the animals against fleas every month.

The histological biopsies revealed a perivascular dermatitis with mostly eosinophilic cells and mastcells, consistent with an allergic dermatitis.

The two options still available were food-allergy and atopic dermatitis. To distinguish between these two, an elimination diet of six weeks was started. The diet consisted of cooked ostrich meat and potatoes or rice. The cat was given glucocorticoids for another two weeks in a decreasing amount.

After six weeks the cat came back to the faculty clinic for check-up. The elimination diet had not resulted in any effect on the pruritic pinnae. The diagnosis per exclusionem was atopic dermatitis. The owner was given the choice between glucocorticoids and a cyclosporine solution. The cat started treatment with the cyclosporine, and the lesions and pruritus disappeared within one month.