

Coonhound Paralysis in A Dog (Bir Köpekte Coonhound Paralizi)

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Dear Editor,

This letter describes our recent experience on Coonhound paralysis (acute polyradiculoneuritis) in a dog. Coonhound paralysis is a widespread disorder of the canine nervous system with a sudden onset especially in hunting dogs ¹. The disorder is generally seen in adult dogs ². Clinically, it is comparable to human Guillain-Barre Syndrome (GBS) ^{1,2}. Due to inflammatory cells attacks to the nerves, myelin degeneration occurs in the central nervous system that results in various nervous system related clinical abnormalities. Severe cases are characterized by loss of barking, trouble in breathing, and inability to lift or control the head ². The respiratoric problems may progress to complete paralysis of respiratory muscles ^{2,3}. The prognosis is often considered suspicious and there is no specific treatment protocol.

A 1.5 year-old male golden retriever was referred to the Department of Internal Medicine, Faculty of Veterinary Medicine, University of Kirikkale. The owner reported that the dog had suddenly fallen down from the stairs and lost the ability to walk. On physical examination, the dog demonstrated a profound flaccid tetraparesis, difficulty chewing, hypotonicity in all limbs, and inability to lift the head. The heart rate was 56 beats/min with no evidence of any murmur. The rectal temperature was 38.5°C. There was no indication of any muscle atrophy. Echocardiographic measurements were normal. Serum chemistry and complete blood count analyses revealed no abnormalities,

except for a creatinine phosphokinase level, 345 U/L. Based on clinical findings and biochemical data, we diagnosed the case as coonhound paralysis.


Prednisolone (Prednol- L, Mustafa Nevzat® inj., 1 mg/kg, IM for 7 days) and Vitamin B complex (Neurogriseovit, DEVA® IM for 14 days) were administered. The dog began controlling the neck and head on the 5th day of the treatment. On the 17th day, the dog gained full mobility. The heart rate returned to normal values at the 25th day of treatment.


This case is important as to our knowledge no case of coonhound paralysis has been reported in Turkey so that most colleagues have no or limited experience on this disorder. Thus, we strongly suggest that Coonhound syndrome should be in mind in case of flaccid paralysis in dogs. For treatment, a combination of prednisolone and vitamin B complex can be tried.

REFERENCES

- Kathleen AF:** Canine diffuse neuromuscular disease: A case of acute polyradiculoneuritis. *Cornell University College of Veterinary Medicine Senior Seminar Paper*, 2003.
- Cummings JF:** Canine Inflammatory Polyneuropathies. In, Kirk RW, Bonagura JD (Eds): *Current Veterinary Therapy XI, Small Animal Practice*. pp. 1034-1035, Philadelphia, WB Saunders, 1992 .
- Anonymus:** Acute polyradiculoneuritis (Coonhound paralysis). Dr. Erika de Papp http://jamestbfraser.110mb.com/Coondog_Paralysis-aka-Acute_Polyradiculoneuritis.pdf, Accessed: 01.03.2010.

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