**CLIENT EDUCATION HANDOUT**

**Customer Name, Street Address, City, State, Zip code**

**Phone number, Alt. phone number, Fax number, e-mail address, web site**

**Acute Hepatitis in Adult Horses (Theiler Disease)**

**Basics**

**Overview**

* Theiler disease is named for Dr. Arnold Theiler, who in 1914 described a condition of “acute liver atrophy” in horses that were serum inoculated against African horse sickness. Theiler disease is characterized by rapid-onset, severe liver disease
* Because the diseased liver cannot process toxins, neurotoxins including ammonia cause secondary severe neurologic disorders
* This disease is rare and, as Dr. Theiler noted, is associated with previous administration of equine-origin blood products (e.g. equine serum, plasma, tetanus antitoxin) 4–10 weeks before the onset of clinical signs. There is recent evidence that a virus or viruses contaminating blood products may be the cause of the disease
* The disease can also occur in horses with no known exposure to equine-origin blood products

**Signalment**

* Adult horses, particularly those with a history of receiving equine-origin blood products 4–10 weeks earlier. There is no breed or sex predilection

**Signs**

* Disease is sudden in onset and rapidly progressive, with death occurring 2–6 days after the onset of signs in some cases
* Horses are jaundiced and pass dark urine (owing to the presence of bilirubin in urine)
* Many horses show neurologic signs (hepatic encephalopathy), including blindness, wandering aimlessly, frequent yawning, severe depression, coma, maniacal behavior, or seizures
* Horses may have signs of abdominal pain
* Horses may show signs of photosensitization (skin ulceration following exposure to ultraviolet light, especially on nonpigmented areas of the body)

**Causes**

* Most commonly associated with administration of an equine-origin blood product 4–10 weeks before the onset of signs; however, not all cases have been exposed to these products
* Recent epidemiologic evidence suggests that cases may result from a virus or viruses that either contaminate equine-origin blood products or occur sporadically

**Risk Factors**

* Administration of an equine-origin blood product 4–10 weeks before the onset of signs

**Treatment**

**Appropriate Health Care**

* Acute hepatitis is a medical emergency. Horses with acute hepatitis should be hospitalized in intensive care units, where they can be safely managed to prevent injuries to themselves and their caretakers

**Activity**

* Restrict activity, avoid sunlight to prevent photosensitization
* Horses with neurologic signs should be housed in padded stalls to prevent injury

**Diet**

* A high-carbohydrate, low-protein diet is recommended for horses with neurologic signs
* Highly palatable grass hay along with small amounts of sweet feed, soaked beet pulp, and sorghum may be recommended
* Nutritional supplements containing vitamins and branched-chain amino acids may be recommended

**Medications**

Intensive care is often required to provide horses with the best chance for survival. Medical therapies include:

* Treatment and prevention of neurologic signs (hepatic encephalopathy)
* Antioxidant, anti-inflammatory, and antibiotic therapies
* Intravenous fluid therapy
* Nutritional support

**Follow-Up**

**Patient Monitoring**

* Bloodwork is often repeated within the first few days of diagnosis. Decreases in serum liver enzymes after 2–3 days of treatment with concurrent improvement in clinical signs suggests a favorable prognosis

**Expected Course and Prognosis**

* Horses with severe neurologic signs have a poor prognosis
* Horses that continue to eat for 3 days and receive supportive treatments may recover
* There are no proven long-term consequences in horses that recover

**Key Points**

* Acute hepatitis (Theiler disease) is usually, but not always, associated with previous administration of equine-origin blood products
* Horses may develop severe neurologic disease as a result of the diseased liver being unable to process neurotoxins
* Horses with severe neurologic disease can be a danger to themselves and their caretakers
* Acute hepatitis is a medical emergency and most often requires hospitalization in an intensive care unit, where the patient can receive critical care and around-the-clock monitoring



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