**CLIENT EDUCATION HANDOUT**

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

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

***Corynebacterium pseudotuberculosis***

**Basics**

**Overview**

* Infection with *Corynebacterium pseudotuberculosis* isalso known as “pigeon fever”
* Bacterial infection causing external abscesses, internal infection, or generalized limb swelling and lameness with draining ulcerations (ulcerative lymphangitis)

**Signalment**

* Affects horses of all ages, breeds, and sexes

**Signs**

* Swelling of the pectorals, lower abdomen, mammary gland, or sheath that progresses to large, draining abscesses
* Weight loss, fever, lethargy, inappetence associated with internal infection
* Fever, lameness, and swelling of a limb with draining ulcerations

**Causes**

* Bacteria are found in the soil
* Bacteria are inoculated into the animal through small abrasions in the skin by flies or contact with infected soil
* Draining abscess contents have a high number of bacteria that can be transmitted from animal to animal
* Bacteria can get into the bloodstream and cause infection in internal organs

**RiskFactors**

* Poor barn hygiene with poor fly control
* Hot ambient temperatures and drought (summer, fall)
* Mild, wet winters that increase the number of insects in the spring and summer

**Treatment**

**Appropriate Health Care**

* Topical wound care, abscess drainage, and lavage (external abscesses)
* Long-term antimicrobials (internal abscesses, ulcerative lymphangitis)
* Bandaging and topical wound care (ulcerative lymphangitis)

**Activity**

* Light exercise only while recovering. Limit activity to prevent spread of infectious exudate if external abscesses are draining

**Diet**

* Horses with internal abscesses may require more calories

**Surgical Considerations**

* Surgical drainage of deep external abscesses may be required

**Medications**

* Long-term antimicrobials (more than 30 days) to treat internal abscesses, ulcerative lymphangitis, and complicated external abscesses
* Nonsteroidal anti-inflammatories (e.g. flunixin meglumine/Banamine, phenylbutazone) to reduce discomfort and fever
* Other supportive veterinary care if the patient is systemically unstable

**Follow-Up**

**Patient Monitoring**

* Bloodwork every 2–4 weeks while being treated and 4 weeks after treatment is discontinued
* Ultrasonographic examination every 4 weeks for internal abscesses
* Synergistic hemolysin inhibition titer once for baseline titer

**Possible Complications**

* Internal abscess or recurrent external abscesses
* Death if internal abscesses are not treated
* Marked systemic inflammation and organ compromise
* Immune-mediated vasculitis
* Residual lameness or limb swelling

**Expected Course and Prognosis**

* External abscesses—typically resolve in 2–4 weeks unless complications or recurrent infection arise. Good prognosis with treatment
* Internal abscesses—improvement seen 1–2 weeks after starting treatment. Long-term treatment (2–4 months) required with fair to good prognosis
* Ulcerative lymphangitis—improvement seen 1–2 weeks after starting treatment. Minimum treatment time of 4 weeks with fair to good prognosis

**Key Points**

* Diagnosis and treatment requires owner vigilance and commitment
* Horses are not directly infectious unless they are actively draining exudate
* Fly control to prevent dermatitis/abrasions and spread of bacteria is key



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