

COULD YOU HAVE DIAGNOSED THIS CASE OF FOREIGN BODY IN THE MOUTH OF A DOG SIMULATING RABIES ?

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On 23-8-2000, a five-year-old male dog (Alsatian x Afghan hound) weighing about 22 kg was presented at the out door clinics of the Department of Clinical Medicine and Surgery, University of Agriculture, Faisalabad for the treatment of an unusual aggressiveness and complete anorexia. Anaemensis revealed that the subject had been fed regularly on cooked mutton with bones. Four days ago the animal had taken food in morning but refused in the evening. Since that day it was off feed. Clinical examination revealed, drooling of saliva, head shaking, pawing at the mouth, rubbing of mouth along the ground, hanging of anterior two inches portion of tongue out of mouth to one side. The animal would snap when some one approached him. He would often make unsuccessful attempts to drink. Since the onset of the condition the animal could not bark. Due to complete anorexia and inability to drink, there was severe deterioration of body condition. A notable sign exhibited was occasional discharge of blood (flecks) mixed saliva. Contrary to what is unusually typical of early rabies (Winkler, 1977; Keep, 1982), the pupils were not dilated, in-coordination of gait was absent and signs were non-progressive. In rabies, dilation and constriction of pupils usually alternate (Christoph, 1975).

The owner as well as attending veterinarian suspected rabies as a cause of unusual aggressiveness and anorexia. Nonetheless, as stated above some of the typical signs of rabies were absent. The retention of ability of the animal to paw at the mouth and non progressive nature of the signs along with discharge of occasional blood flecked saliva prompted us to consider the presence of a foreign body in the mouth as one of the rabies differentials. To this end the animal was sedated with Xylazine (Xylaz, Farvet, Holland) @ 0.15mg/kg b.wt. IM. After sedation the mouth of the animal was opened with hands wearing gloves. A thoracic vertebra wedged into the soft and hard palate junction was detected. With the help of an artery forceps this foreign body was removed along with pus flakes. The mouth of animal was irrigated with a mild solution of potassium permagnate (1:10000). Animal recovered from sedation after one hour and there was improvement in general demeanour. The animal would no longer scratch the

mouth with its fore-paw. In the follow up period, the following treatment was instituted:

Inj. Apoclox (ampicillin + cloxacillin; PDH, Pakistan) @ 22 mg/kg body weight IM, for three days.

Inj. Biodyl (Merial, France) @ 2.5 ml, IM for five days as supportive therapy. The animal was perfectly normal after 3 days.

Clinical course of rabies in carnivores is variable but usually includes a stage of excitability and irritability (furious rabies) and a stage of paralysis (dumb rabies). In either case prodromal signs include a slight increase in body temperature, behavioural changes; a normally friendly animal becomes aggressive, in contrast some animals become abnormally affectionate. In paralytic rabies, involvement of cranial nerves often results in characteristic slacked-jaw, hanging of tongue, often accompanied by altered phonation (Winkler, 1977). Dropped lower jaw (slacked-jaw), slobbering and changes in voice indicate masseteric muscle, laryngeal and pharyngeal paralysis (Farrow and Love, 1975). This clinical picture often prompts the owner to suspect a foreign body in the oral cavity. Even when there is a good reason to suspect a foreign body, one should be careful in opening the mouth bare handed, since rabid dogs are known to have a tendency to eat unusual objects (so called perverse appetite"; Christoph, 1975) including pieces of brick, stone, bones, toys, wood and sticks that may get stuck into the rabid's dog mouth. Once clinical signs of rabies are present, disease progresses inexorably and affected animal usually dies within 4 days of the onset of characteristic clinical signs. If the index of suspicion of rabies is high, extreme caution should be exercised with any physical examination and animal should be confined and observed for several days. In veterinary practice one should be mindful of the risk of exposure to rabies since dogs are known to secrete infective saliva up to three days before showing any clinical sign (Yeoman, 1976).

In addition to foreign body, encephalitis with mandibular and lingual paralysis accompanied by behavioural changes may also resemble rabies. A definitive diagnosis requires demonstration of the virus in the nervous tissue (Winkler, 1977) which is possible only after death. Toxoplasmosis-associated

and *Encephalitozoon cuniculi* encephalitis may also mimic rabies (Yeoman, 1976). Antemortem diagnosis of these two conditions is also difficult, although, a serological test for *Toxoplasma gondii* is available.

In the case described in the present report, sudden onset of the condition, lack of ataxia, non-progressive nature of the signs, and retention of ability to scratch mouth with fore-paw together with discharge of occasional blood-flecked saliva, tempted us to consider foreign body in the mouth as a stronger suspect as compared with rabies. Had we not taken stock of these differential features between foreign body and rabies, the dog would have gone untreated probably culminating in the unnecessary death of the animal.

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