# **Ulcerative Lymphangitis**

Synonyms: Pseudotuberculosis or Ulcerative Cellulitis, Pigeon Fever

**Definition:** It is mildly contagious chronic infectious disease of equine, caused by *Corynebacterium pseudotuberculosis*, characterized by lymphangitis of lower limb without involvement of regional lymph nodes draining the affected part.

**Etiology:** *C. pseudotuberculosis* or *C. ovis* alone or with other pyogenic infection cause similar lesions as *Staph* sp., *Strept* sp., *C. equi* and pseudomonas. *C. pseudotuberculosis* is facultative intracellular, gram positive rods.

## **Epidemiology:**

**Distribution:** The disease is worldwide distributed including Middle East area.

Animal susceptibility: Horses, donkeys and mules.

**Mode of transmission:** Pus is the main source of infection. The bacteria probably enter via skin wounds including IM injections, arthropod vectors such as *Habronema* spp larva and stable flies, and contact with fomites such as contaminated tack and grooming equipment.

Seasonal incidence: Fall and summer

## Pathogenesis:

- After infection of skin wounds or abrasion, *C. pseudotuberculosis* multiply and secrete exotoxins (Phospholipase D), invade lymphatic vessels usually of hind limbs starting at fetlock with abscess formation (papules or nodules) on the course of lymph vessels
- Abscess rupture cause ulcer and crust and formation of draining tracts
- lymph nodes involvement is unusual
- Abscess formation in muscles of chest and caudal abdominal region may be presented
- Abortion, renal abscess, debilitation and rarely death probably caused by septicemia.

#### **Clinical signs:**

- 1. Incubation period is long, morbidity and mortality are low, and course of the disease is 2-3 weeks up to 12 months.
- 2. The hind limbs from the hock downwards are the most common affected site.
- 3. The affected leg becomes swollen, hot and slightly painful.
- 4. These signs are usually associated with lameness and development of nodules in the subcutaneous tissues especially around the fetlock.

#### **Characteristic of Lesions:**

Lesions are of different sizes and may be large 5-7 cm in diameter.

- ➤ These lesions may rupture discharging small amount of creamy green pus which may be blood-stained. Lesions might heal within 2-3 weeks.
- Occasionally, these lesions appear in other areas of the body such as inside the thighs, on the shoulders, or fore limbs and brisket region (Pigeon Fever).
- ➤ The lymphatic draining of the affected site becomes enlarged and hard with the development of secondary ulcers.

## Diagnosis:

**Field diagnosis:** The disease can be suspected from history, clinical signs and epidemiology of the disease

Laboratory diagnosis: Samples: Pus, blood and serum.

- 1. Direct microscopic examination of pus smear, the organism is short gram-positive diphtheriod Chinese letter.
- 2. Isolation on blood agar, then the organism can be identifying by gram stain, biochemical tests and PCR.
- 3. Serological tests as toxin neutralization test, CFT and FAT.

### Differential diagnosis:

The disease confused with pyoderma, abscesses, Glanders, Strangles, lymphangitis from other bacteria (eg, *Staphylococcus aureus, Rhodococcus equi, Streptococcus* spp, or *Dermatophilus* sp), dermatophytosis, sporotrichosis, equine cryptococcosis, North American blastomycosis, and onchocerciasis.

**Prognosis:** Nodules that do not affect deep tissue heal rapidly with simple treatment within 1-2 weeks. After complete recovery, outbreaks of new nodules may develop.

#### **Treatment:**

- 1. Abscesses should be lanced and flushed with iodine solution, large abscesses require surgery.
- 2. Skin lesions and grossly contaminated limbs must be scrubbed daily with an iodophor shampoo.
- 3. Penicillin or trimethoprim-sulfa combinations should be administered; however, antimicrobial treatment may prolong the disease by delaying abscess maturation.
- 4. Phenylbutazone relieves pain and swelling.

#### Control:

- It based on good hygiene in stables, careful manage of lower limb injuries or abrasions.
- Vaccination trials by bacterin-toxoid or recombinant vaccine are required.
- Flies and Nematodes eradication are required.