Presumed acute polyradiculoneuritis in two dogs associated with snake bite caused by a Montpellier snake (Malpolon insignitus)

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OBJECTIVES

The aim of this presentation is to describe the clinical signs, treatment and outcome of two dogs with Monpellier snake (*Malpolon insignitus)* envenomation.

METHODS

This is a report of two adult, male dogs presented at the ICU in lateral recumbency a day after a witnessed snake bite. According to the owners, the snake population of the region, and the macroscopic appearance of the wound, the snake was identified as a Montpellier snake (*Malpolon insignitis*). Clinical examination of both dogs was unremarkable with the exception of an obvious puncture wound on their upper lips, but the neurologic examination revealed flaccid, non ambulatory tetraparesis with generalised hyporeflexia, normal functioning cranial nerves and hyperesthesia at the site of injury. Complete blood count and routine biochemical parameters were unremarkable for both dogs except from creatine kinase, which was measured in only one dog and was elevated. Electromyography findings were compatible with polyneuropathy, and a presumptive diagnosis of acute polyradiculoneuritis due to Montpellier snake venom was made.

RESULTS

Both dogs were hospitalized in the ICU. Supportive care in order to provide adequate food intake, along with a combination of antibiotics (cephalosporins) and analgesics (tramadol and non steroid anti-inflammatory drugs) was provided. In both dogs there was a regression of neurological signs. They fully recovered and were discharged in a week.

STATEMENT (CONCLUSIONS)

This is the first report of a presumptive acute polyradiculoneuritis due to Montpellier snake (*Malpolon insignitus*) bite in dogs.

Propofol as a postoperative appetite stimulant (preliminary results)

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OBJECTIVES

The purpose of this study was to assess the appetite stimulant effects of the intravenous administration of propofol in dogs postoperatively.

METHODS

In this cohort study, adult, female dogs, submitted for elective ovariohysterectomy (ASA status 1) were enrolled. All dogs received the same anaesthetic protocol (dexmedetomidine 180 μg/m² im, methadone 0.2 mg/kg im, meloxicam 0.2 mg/kg sc for premedication, induction with propofol to effect and maintenance with isoflourane in O_2). Inclusion criteria were: the dogs to be fully alert, with mild or no pain and stress. Dry food was offered 6 hours after surgery to all dogs. If any dog was anorectic, an intravenous bolus of propofol (2mg/kg) was administered. The amount of food consumed was recorded, as well as the time from the administration of propofol until the consumption of food. In the dogs that did not respond to the administration of propofol, the same procedure was repeated 12 hours later.

RESULTS

Fifteen dogs were included in the study. All dogs were anorectic 6 hours postoperatively. Ten dogs started eating, after the first propofol administration, whereas five dogs started eating after the second bolus of propofol, 12 hours later. One dog remained anorectic. The dogs that responded to the propofol bolus consumed one fourth of their daily energy requirements, which was offered to them, on average 3.7 minutes after the propofol administration.

STATEMENT (CONCLUSIONS)

Preliminary results of this study suggest a positive, short-term effect of propofol as an appetite stimulantin dogs, postoperatively.