

# WOODVALE PARK

## VETERINARY HOSPITAL



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# Erosive, Immune-Mediated Polyarthriti

## Basics

### OVERVIEW

- “Erosive” refers to “wearing away” or “eating into”; “immune-mediated” refers to a condition caused by the response of the immune system; “polyarthriti” is the medical term for inflammation of several joints
- “Erosive, immune-mediated polyarthriti” is an immune-mediated inflammatory disease of joints that results in wearing away (that is, erosion) of joint cartilage in several joints
- Destruction of bone is evident on x-rays (radiographs) of affected joints

### GENETICS

- Not known to be hereditary

### SIGNALMENT/DESCRIPTION OF PET

#### Species

- Dogs—idiopathic erosive polyarthriti (erosive inflammation of several joints of unknown cause); erosive polyarthriti of greyhounds
- Cats—feline chronic progressive polyarthriti (long-term, progressive inflammation of several joints, characterized by decreased bone density and formation of new bone in the tissue covering the bone [known as the “periosteum”], with collapse of the spaces between bones in the joint)

#### Breed Predispositions

- Small- or toy-breed dogs—more susceptible to idiopathic erosive polyarthriti (erosive inflammation of the joint of unknown cause)
- Greyhounds—only breed known to be susceptible to erosive polyarthriti of greyhounds

#### Mean Age and Range

- Idiopathic erosive polyarthriti (erosive inflammation of the joint of unknown cause) in dogs—young to middle-aged (8 months–8 years of age)
- Erosive polyarthriti of greyhounds—young greyhounds (3–30 months of age) are more susceptible than older greyhounds
- Feline chronic progressive polyarthriti (long-term, progressive inflammation of several joints, characterized by decreased bone density and formation of new bone in the tissue covering the bone [periosteum], with collapse of the spaces between bones in the joint)—onset at 1.5–4.5 years of age

## Predominant Sex

- Feline chronic progressive polyarthritis (long-term, progressive inflammation of several joints, characterized by decreased bone density and formation of new bone in the tissue covering the bone [periosteum], with collapse of the spaces between bones in the joint)—reported to affect only male cats

## SIGNS/OBSERVED CHANGES IN THE PET

- Dogs and cats—initial symmetric stiffness, especially after rest, or intermittent shifting-leg lameness and swelling of affected joints; “shifting-leg” lameness is characterized by lameness in one leg, then that leg appears to be normal and another leg is involved
- Cats—may have a more subtle onset of signs than seen in dogs
- Usually no history of trauma
- May also see vomiting, diarrhea, lack of appetite (known as “anorexia”), fever, depression, and enlarged lymph nodes (known as “lymphadenopathy”)
- Often cyclic—may appear to respond to antibiotic therapy, but may be undergoing spontaneous remission
- Stiffness of gait; lameness; decreased range of motion; grating detected with joint movement (known as “crepitus”); and joint swelling and pain in one or more joints
- Joint instability, partial dislocation (known as a “subluxation”), or dislocation (known as a “luxation”)—depend on duration of disease
- Lameness—mild weight-bearing to more severe non-weight-bearing

## CAUSES

- Unknown cause (so-called “idiopathic disease”)
- Immune-mediated mechanism likely
- *Mycoplasma spumans* (possible cause of erosive polyarthritis of greyhounds)—cultured from one affected greyhound; not isolated in other affected pets
- Feline leukemia virus (FeLV) and feline syncytium-forming virus (FeSFV)—linked to feline chronic progressive polyarthritis (long-term, progressive inflammation of several joints, characterized by decreased bone density and formation of new bone in the tissue covering the bone [periosteum], with collapse of the spaces between bones in the joint)

## Treatment

### HEALTH CARE

- Usually outpatient
- Physical therapy—range-of-motion exercises, massage, and swimming; may be indicated for severe disease
- Bandages and/or splints—to prevent further breakdown of the joint; may be indicated for severe disease when pet has compromised ability to walk

### ACTIVITY

- Limited to minimize aggravation of clinical signs

### DIET

- Weight reduction—to decrease stress placed on affected joints

### SURGERY

- Healing rates—may be long and protracted; range of recovery levels
- Surgery—generally not recommended as a good treatment option
- Total hip replacement or surgical removal of the femoral head (the “ball”) of the hip joint (procedure known as “femoral head and neck ostectomy” or FHO) may be considered
- Joint fusion (known as “arthrodesis”)

## Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

## **IDIOPATHIC EROSIIVE POLYARTHRTIS**

- Nonsteroidal anti-inflammatory drugs (NSAIDs) in dogs—unrewarding response
- Steroids (such as prednisone)
- Combination of steroids and chemotherapy drugs (such as cyclophosphamide, azathioprine, 6-mercaptopurine, methotrexate, or leflunomide)
- Remission usually induced by combination chemotherapy within 2–16 weeks; determined by resolution of clinical signs and confirmation of normal joint-fluid analysis
- Discontinue chemotherapy drugs 1–3 months after remission is achieved
- Maintaining remission—alternate-day steroid (prednisone) treatment generally is successful
- Gold-salt therapy (known as “chrysotherapy”), using aurothiomalate—may alleviate signs

## **EROSIVE POLYARTHRTIS OF GREYHOUNDS**

- Treatment is unrewarding
- Antibiotics, nonsteroidal anti-inflammatory drugs, steroids, chemotherapy drugs, and medications intended to slow the progression of arthritic changes and protect joint cartilage (known as “chondroprotective drugs”), such as polysulfated glycosaminoglycans—fail to induce remission

## **FELINE CHRONIC PROGRESSIVE POLYARTHRTIS**

- Treatment may help slow progression
- Combination of steroids (prednisone) and chemotherapy drug (cyclophosphamide)—typically used

## **Follow-Up Care**

### **PATIENT MONITORING**

- Treatment often is frustrating and requires frequent reevaluation
- Clinical deterioration—requires a change in drug selection or dosage or change in treatment
- Important to try to induce remission; allowing the disease to smolder uncontrolled will increase risk of secondary degenerative joint disease (progressive and permanent deterioration of joint cartilage)

### **EXPECTED COURSE AND PROGNOSIS**

- Progression is likely
- Long-term prognosis is poor
- Cure is not expected; remission is the goal of treatment

## **Key Points**

- Treatment often is frustrating and requires frequent reevaluation
- Poor prognosis for cure and complete resolution
- Progression is likely
- Cure is not expected; remission is the goal of treatment

# Notes

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