Feline Lymphoma of the Nasal Cavity

In this 17-year retrospective study, the medical records and pathology databases of cats were reviewed to identify those that were diagnosed with lymphoma in the nasal cavity by cytology, biopsy, and/or necropsy. The search extended over a 17-year period, and 50 cats were selected. The median age of the 50 cats was 8.9 years, and the breeds included domestic shorthair, domestic longhair, Siamese, Maine coon, and Burmese cats. Inclusion in the study was based on a cytologic or histopathologic diagnosis of nasal lymphoma and a complete medical record. Lesions were classified as nasal (82%) or nasopharyngeal (10%) based upon the tissue submitted for histopathology and the imaging modalities. Four cases (8%) involved both nasal and nasopharyngeal tissue. The most common clinical signs were nasal discharge (characterized as purulent, epistaxis, serous, or unclassified), sneezing, decreased appetite, and increased upper respiratory noise. Two of 21 tested cats were FeLV-positive. Four of 13 cats that had full oncologic staging showed evidence of metastatic disease, and 6 of 9 cats that had necropsy showed multiorgan involvement. Out of the 41 cases of nasal lymphomas, 61% were B cell, 14.6% were T cell, and 12.2% contained a mixed population of both T and B cells. Of the 5 primary nasopharyngeal tumors, 3 cases (60%) were B cell and 2 cases (40%) were T cell. There was no significant relationship between immunophenotype and anatomic location. In 21 cats evaluated via cytology, 15 were categorized as having definite (n = 9), probable (n = 4), or possible (n = 2) lymphoma. Cytopathologic features were similar among cats with lymphoma. The remaining 6 cases were classified as inflammation (n = 4), heterogenous lymphoid tissue (n = 1), or nondiagnostic (n = 1). According to the authors, this is the largest study to date that describes the histopathologic, clinicopathologic, and immunophenotypic characteristics of feline nasal lymphoma.

COMMENTARY: Lymphoma is the most common nasal tumor in cats. It is usually restricted to the nasal cavity, although systemic spread has been reported. This report describes various characteristics of this disease. The authors also contrast several of their findings to previous studies reported in humans. The importance of anatomic location of the tumor, histopathologic classification, and immunophenotype could ultimately affect the treatment protocol and response to therapy. This article provides a thorough, in-depth analysis of all of these characteristics in a large population of cats. —Perri Stark, VMD, MBA


Canine Rectovaginal Fistula with Anal Atresia

A retrospective study evaluated 5 dogs with rectovaginal fistula and anal atresia. Affected dogs ranged in age from 1 to 3 months at the time of presentation, and histories included voiding of feces from the vulva (with or without tenesmus), which was usually noted after weaning. Although previous reports have noted no breed predisposition, 3 of the 5 dogs in this study were poodles. Clinical examination revealed atresia ani, presence of feces in the vaginal canal, abdominal distention, and discomfort on abdominal palpation in all 5 dogs and partial tail agenesis in 3 dogs. Except for one dog with clinical signs of pneumonia, all dogs were in good physical condition. Abdominal radiographs were taken in 2 of the dogs and showed megacolon secondary to fecal retention. In all dogs, the rectovaginal fistula was isolated and transected, the openings in the vulva and rectum were closed separately, and the atresia ani was repaired. All dogs defecated normally after surgery, suggesting that the megacolon was reversed. One dog had moderate rectal prolapse on day 10 after surgery, which was not noted 1 month postoperatively, and a second dog had fecal incontinence, which resolved approximately 1 year postoperatively. The dog with clinical signs of pneumonia died 2.5 months after surgery, and the cause was not determined. The other dogs were followed for periods ranging from 1.6 to 7.7 years, and aside from the one dog with fecal incontinence, normal passage of feces was observed in all dogs. The authors conclude that if surgery is performed early, rectovaginal fistula and anal atresia may have a favorable outcome.

COMMENTARY: Rectovaginal fistula with anal atresia occurs uncommonly in dogs. There is limited information on the long-term outcome of this combination of congenital malformations. This study, in conjunction with the few existing reports, may help change our perception of surgical correction from unrewarding to a potentially more favorable outcome. Earlier recognition and treatment may show more promising results and eliminate adverse sequelae, such as chronic colonic distention, which may lead to a poorer prognosis. Imaging, including plain and contrast radiography, is recommended to grade the atresia ani, locate the fistula, and plan the surgical procedure. Other congenital abnormalities are often present as well. —Pamela Schwartz, DVM, Diplomate ACVS


Photo by Elizabeth Harbin