

Part 2 – Blastomycosis

The following is the second part of last week's NHS article about Blasto – a health issue that is too often a concern in our area. I began the article sharing with you about Teddy, a springer spaniel who is my sister's dog's best friend. Teddy lives in Evanston, Illinois. Teddy had been diagnosed with Blasto. Teddy had to have his left eye removed last week because of Blasto. He is on medication and they are monitoring his breathing – do see if there is any indication that the fungus is moving into his lungs – so far all is well.

Blasto may be treated although not all pets will survive. Fortunately, newer anti-fungal agents such as fluconazole and itraconazole are well-tolerated by most dogs and have relatively few side effects compared to the agents being used several years ago. Itraconazole is the preferred drug of treatment for most dogs. Dogs may require several months (at least four to six months in most cases) of therapy to successfully treat this disease. Amphotericin B (Abelcet®), ketoconazole, or a combination of medications may be used in certain cases.

Prognosis is good for many cases of blastomycosis infection with recovery rates between 50-75%.

There is no way to determine this before starting treatment, although a dog in poor condition or with advanced disease is less likely to survive. For many, the critical period comes in the first 24-72 hours when the drug first takes effect and the fungi begin to die. Because the lungs usually harbor a large number of these fungal organisms, a severe inflammatory response may occur, causing respiratory distress or failure. Your veterinarian will radiograph (x-ray) your dog's chest prior to therapy to assess the condition of the lungs, although chest x-rays cannot always predict the outcome of treatment.

Relapse of blastomycosis tends to be more common when the fungus invades the nervous system, the testicles, or the eyes. Many drugs have difficulty penetrating the natural defensive barriers of these body systems, making it much harder to eliminate organisms in these sites. Castration of male dogs may be required to remove this potential source of organisms. For similar reasons, one or both eyes may be removed, especially if the disease has already blinded the pet. Even when treatment appears to be successful, the risk of relapse is very real with this disease. Follow-up testing involves regular physical exams, radiographs and laboratory tests. Assessment with the MiraVista urine antigen test is generally recommended to evaluate treatment success and to determine when medication may be discontinued.

Studies on the fungus have shown that once an animal is infected, the organism enters a different form or phase that does not appear to be infectious to other animals or to humans.

However, common sense dictates that strict hygiene should be followed when handling any draining lesions. Handlers should wear protective gloves and wash their hands thoroughly after contact with an infected animal.

In most cases, the infected pet does not need to be segregated from other people or pets in the family. The true risk of infection to others probably comes from sharing the same environment. Because the Blastomycosis organism may be harbored near your home, you should advise your family physician of your pet's diagnosis.

Dates to Save:

May 10 - Bingo at Powell's – 5:30

May 26 – Dining for Cats and Dogs – Lynn's Custom Meats and Catering – 10:30 – 2 p.m.

June 15 – Art For Animals – Flat Creek Inn – 6:30 – 9 p.m.