Equine Protozoal Myelitis (EPM)

Presentation: Horse w/ unilateral gluteal muscle atrophy, not lame

History and signalment
- Two age groups predominate. 1-5 years & over 13 years

Clinical signs
- Unilateral gluteal muscle atrophy
- Weeks later: Broad spectrum CNS signs
  - Typically see multifocal, asymmetric cranial nerve involvement
  - Mild lameness, ataxia, head tilt
  - Progressive hemiparesis, Horner’s, unilateral masseter, temporalis atrophy,
  - Somnolence, seizures, recumbency
- Acute or chronic. Progressive but may wax and wane
- May be subclinical

DDX: Any equine neurologic disease that affects CNS

Test of choice: NO definitive antemortem test. Rule out other Dzs.
- Positive serology (Western blot) only indicates exposure
- Negative serology should rule out EPM

Rx of choice:
- Antibiotics, Anti-inflammatory drugs (severe case)
- Folate inhibitors,
- Newer antiprotozoals (triazineones, nitrothiazoles)

Prognosis: Fair to good (60%) for improvement, Guarded to poor (10-20%) for cure

Prevention: Vaccination and opossum control

Pearls: Sarcocystis neurona life cycle requires TWO hosts
- Definitive host – opossum. Intermediate host – armadillo, raccoon, skunk, (otter, cat)
- Horse infected by eating feed contaminated with opossum feces

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Zuku Review FlashNotes™

Classic Question(s)

What key message about prognosis should be communicated to the owner of a horse with presumptive equine protozoal myelitis (EPM)?

What is the definitive host of Sarcocystis neurona?
Name a key physical exam finding associated with EPM in horses.

A horse with multifocal, asymmetric cranial nerve signs is tests negative by Western blot for Sarcocystis neurona. What is the likelihood of the horse actually having the disease?