Zuku Review FlashNotes™

Strangles (Streptococcus equi)
Condensed Version

Presentation:
- Usually young horses or any previously unexposed horse
- Fever, depression, Nasal discharge
- Lymphadenopathy – esp submandibular or retropharyngeal

Test(s) of choice:
- Bacterial culture of nasal discharge or lymph node aspirate/drainage
- ELISA useful to detect exposure, vaccine response, possible infection
- PCR, identify carriers, determines if carrier state has been eliminated

Rx of choice:
- NSAIDs, hot pack, soft food, Mature abscesses – lance, drain, lavage
- Isolate affected animals
- Antibiotic Rx CONTROVERSIAL-Use ABX if horse has
  - Dyspnea, dysphagia, prolonged high fever, severe lethargy/anorexia.”
  - ABX prevent development of abscesses if started immediately
  - ABX prevent development of immunity (treated horses still susceptible)
  - If abscess present, duration of disease will be prolonged
  - Complicated cases (extreme dysphagia, airway compromise) use IV penicillin
- Tracheostomy may be indicated in severe cases
- Surgery may be necessary to remove chondroids from guttural pouch

Prevention:
- ISOLATE all affected horses AND QUARANTINE the farm
- Check temperature twice daily on all horses
  - Fever develops 2-3 days prior to shedding
  - Isolate febrile horses
- Vaccinate ONLY horses with NO exposure to affected patients
- Most cases shed for 2-3 weeks
- Carrier State
  - Short term – up to 6 weeks
  - Long term – months to years (often due to persistent guttural pouch infection)
    - To confirm elimination
    - Need 3 negative cultures of guttural pouch or nasopharyngeal washes

Classic Question(s)

A farm with broodmares, weanlings, yearlings, and adults of all ages presents with the following complaints 3 weeks following the arrival of a couple new boarders: fever and malaise in most of the yearlings and some of the adults for a couple days. Nasal discharge now seen in the first yearling affected.

What is the most likely diagnosis?
What advice should you give this client regarding treatment / prognosis/ prevention?
What are four indications for treatment with antibiotics with this condition?