HYGROMA IN DOGS

PET VET

Dr. Rajani Rajesh

A hygroma is a fluid-filled swelling surrounded by a thick capsule of fibrous tissue that develops under the skin. Hygromas are not tumors. Hygromas are typically not painful They occur in response to repeated trauma to the tissue over a bony prominence. That is one reason why the elbow is the most common site for hygromas to develop.

Hygromas tend to be more common in dogs that are sedentary and spend more of their time lying down, especially for large and giant breed dogs, the repeated trauma of lying down on hard surfaces like hardwood, tile, or concrete floors can produce an inflammatory response in the tissue under the skin over the elbow. The body tries to protect the inflamed area by creating the equivalent of a "pillow". If the trauma continues, the hygroma will grow larger. Hygroma which grow to an unwieldy size or become infected, it will need to be treated with appropriate antibiotic therapy, and may need to be removed surgically.

Changing the dog's bedding generally solves the problem though sometimes special pads or bandages for the elbows must be constructed. If the dog begins to lie on softer more pliant materials, the hygroma is likely to simply resolve over 2-3 weeks. Using donut-shaped padding over the elbow, like placing the 'hole' of the donut over the hygroma will protect the hygroma from further contact with anything hard surfaces.

Hygromas can be prevented by providing soft bedding, especially beds made of orthopedic foam. Animals recovering from surgery should be turned from side to side multiple times during the day. The most important is to ensure that a large or giant breed dog is not allowed to become overweight or obese. The extra weight greatly increases the risk for trauma to the tissue over bony prominences.

(The views and opinions expressed in this article are those of the author and do not necessarily reflect the policy or position of this newspaper.)

New malaria vaccine on way?

Nairobi

A new malaria vaccine will be tested on a large scale in Kenya, Ghana and Malawi, the World Health Organisation said Monday, with 360,000 children to be vaccinated between 2018 and 2020.

The injectable vaccine RTS,S could provide limited protection against a disease that killed 429,000 people worldwide in 2015, with 92 percent of victims in Africa and two-thirds of them children under five.

"The prospect of a malaria vaccine is great news. Information gathered in the pilot will help us make decisions on the wider use of this vaccine," said Dr Matshidiso Moeti, the WHO's regional director for Africa.

The vaccine should be used alongside other preventative measures such as bed nets, insecticides, repellents and anti-malarial drugs, the WHO said.

"Combined with existing malaria interventions, such a vaccine would have the potential to save tens of thousands of lives in Africa," Moeti said.

"This vaccine is a weapon amongst others, it is one of the tools at our disposal," she added.

The vaccine, also known as Mosquirix, has been developed by the British pharmaceutical giant GlaxoSmithKline (GSK) in partnership with the PATH Malaria Vaccine Initiative, and the large-scale three-country pilot will test it on children aged five to 17 months.

The drug passed previous scientific testing -- including a phase three clinical trial between 2009 and 2014 -- and was approved for the pilot programme in 2015.

'Huge impact'

The aim of the trial is to assess the effectiveness of the vaccine as well the feasibility of its delivery to populations at risk as four successive doses must be given on a strict timetable.

The immunisation cycle is not in sync with routine childhood inoculations against diseases such as hepatitis, measles and meningitis, with injections required at five months, six months, seven months and two years.

Symptoms of malaria include fever, muscle pain and headache as well as vomiting and diarrhoea.

While RTS,S does not promise full protection against the mosquito-borne disease it is the most effective potential vaccine so far developed reducing the number of hospitalisations and blood transfusions.

Kenya, Ghana and Malawi were selected for the trial because malaria rates are high and they have a long history of use of bed nets and other interventions.

The large-scale pilot is the latest step in decades of work seeking to eradicate malaria with the numbers dying falling nearly two-thirds since the turn of the century.