



Polymyositis in the Hungarian Vizsla... ...some FAQs

Recently polymyositis has been diagnosed in three Australian Hungarian Vizslas. A breed-specific polymyositis has only fairly recently been recognised by the veterinary community, and these are the first cases that we are aware that have been diagnosed here. In the UK there are at least 50 cases that fit the inclusion criteria for research that is being undertaken into the disease. We say 'at least' because now that vets and owners are more aware of the condition, some cases may now be going directly to the researchers. Several cases in North America have also been reported.

What is polymyositis?

Polymyositis (PM) is a disease where there is long term inflammation of the muscles. The inflammation mainly targets and damages the skeletal muscles (the ones associated with movement), and it may also affect the heart muscle.

The oesophageal muscle in dogs is composed of skeletal muscle (unlike in people where there is skeletal muscle in the upper part, smooth muscle in the lower part, and a mixture of the two in the middle), so the dog's ability to swallow is also compromised.

What happens in a dog with PM?

Inflammation of the muscles leads to muscle weakness, pain and wasting of the muscles. There can be infectious causes of PM in dogs, but in the Hungarian Vizslas that have been affected these causes have been ruled out. The process occurring in PM was initially reported to be an immune-mediated (autoimmune) one; that is the dog's body attacks its own muscle fibres. A recent case-report of an Australian dog with clinical signs of PM found the underlying problem was with the muscles (a polymyopathy). It was suggested that a spectrum of disease occurs in Vizslas with PM.

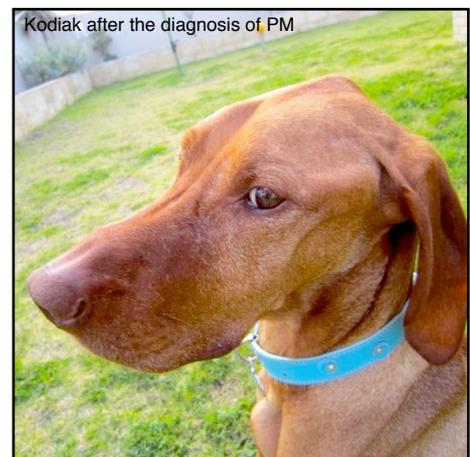
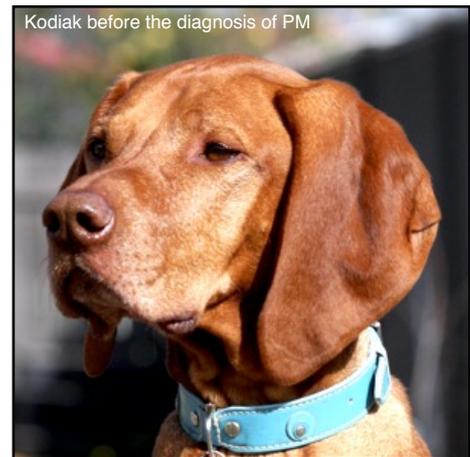
What are the signs of PM?

- ▶ Difficulty swallowing both food and water (this is called dysphagia)
- ▶ Wasting (atrophy) of muscles of the head that are involved with eating

Affected dogs may also have;

- ▶ Regurgitation of food (regurgitation is different to vomiting)
- ▶ Excessive drooling of saliva
- ▶ Difficulty and/or pain on opening the jaw
- ▶ Generalised muscle weakness and exercise intolerance, with possible general muscle atrophy
- ▶ Enlarged oesophagus
- ▶ Blood tests show highly elevated muscle enzymes which indicate breakdown of muscles (but if the disease has gone on for some time, these levels will not be as high)

The eating and swallowing problems and muscle wasting etc have been noticed at the beginning of the Vizsla's illness, and not at the end of a protracted process. Dysphagia with/without drooling and muscle atrophy are not indicative of a specific disease and can be seen in other disorders. Similarly elevated muscle enzymes are supportive but by themselves are not diagnostic of PM, so the vets need to do various tests to differentiate and exclude other possible conditions.



How does a dog get PM, and what is being done to prevent it from occurring?

We do not know what causes PM, nor how it might be inherited, nor if it is a predisposition that is inherited (like the predisposition to develop allergies or diabetes). In general for immune-mediated diseases, an appropriate genetic background must be present for disease to occur upon exposure to an environmental trigger (though what the genetic background and what the triggers might be remain unknown). Several affected dogs in the UK have been closely related, whilst there are others whom have no known affected close relatives.

Research in the UK is currently being undertaken (<http://www.veterinary-neurologist.co.uk/vizsla.htm>) to determine the cause and possible inheritance of this condition in Vizslas. They are collecting DNA from affected individuals, together with samples from litter mates and from parents of affected dogs. The researchers have been investigating genes involved with immune response, and the findings from this work are to be published in the near future.

The HVCNSW is supporting this study and is sponsoring DNA collection of Hungarian Vizslas in Australia that meet the inclusion criteria of the research. The DNA will be collected using "saliva sampling swabs" ("mouth mops"). The researchers think that these "mouth mops" are better than the brushes/swabs that some collections use because samples are easy to collect, and the technology provides a good quality, stable DNA sample.

Is this like the 'head problems' we've seen before?

Several people have contacted us asking if this is like the head problems that have been seen in the breed in the past. Some of the appearance and signs might be the same, but this potentially a very serious condition for the dog; several Hungarian Vizslas with PM have died as a result of the disease, even when they have had lots of veterinary support. We have prepared some information on the various different 'head conditions' reported in Australian Vizslas, and that is also included in our newsletter (and now also available on our website – Feb 2011)

Further information

For further information on polymyositis in Vizslas see:

Where the research in the UK is being undertaken

<http://www.veterinary-neurologist.co.uk/vizsla.htm>

THE laboratory where many diagnostic tests for neuromuscular diseases are performed. (Note: the VCA health survey that is referred to, is now complete)

<http://vetneuromuscular.ucsd.edu/cases/2007/Sept07.html>

"Important muscle diseases in the Vizsla dog: what my veterinarian should know to reach a correct diagnosis" by G. Diane Shelton (of the laboratory above). This information was reproduced in the June/July 2008 Vizsla Views

http://www.vcaweb.org/health/Health_Muscle_Disease.pdf

Further information including videos of affected Hungarian Vizslas

<http://www.vizslamyositis.blogspot.com/>

Veterinary conference communications about PM:

"Breed specific polymyositis in the Hungarian Vizsla dog" by AC Haley, SR Platt, M Kent, SJ Schatzberg, A Durham, S Cochrane & GD Shelton. Presented at the 2009 ACVIM Forum and Canadian Veterinary Medical Association Convention

<http://www.acvim.org/websites/acvim/File/Haley.pdf>

"Myositis and pharyngeal dysphagia in Hungarian Vizslas"

by RD Foale, M Whiting & JD Wray. Presented at the 2008 BSAVA Annual Congress

<http://www.vizslahealth.net/BSAVA%202008.htm>

"Hungarian Vizsla Polymyositis" by C Bowman, P Hodge and S Long. Proceedings 24th Symposium ESVN-ECVN, Trier, Germany, September 2011

"MHC class II association with polymyositis in Hungarian Vizsla dogs" by J Massey, S Rothwell, C Rusbridge, WER Ollier and LJ Kennedy. Proceedings the 6th international conference on advances in canine and feline genomics and inherited diseases, Visby, Sweden, 2012.

"Vizsla polymyositis: a breed-specific immune-mediated inflammatory syndrome" by A Tauro. Proceedings the 25th Symposium ESVN-ECVN, Ghent, Belgium, September 2012.



Published case report:

"Breed-Specific Polymyositis in Hungarian Vizsla Dogs" by AC Haley, SR Platt, M Kent, SJ Schatzberg, A Durham, S Cochrane, D Westworth, and GD Shelton. J Vet Intern Med 2011
<http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2010.0660.x/abstract>

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Originally published in August/September 2010 Vizsla Views

Revised: February 2011; October 2012

HEALTH RESOURCES

Visit the 'Health Information' page on the HVC NSW website - www.vizsla.org.au - for important health facts, articles on health issues of importance, etc. They will be updated as new information comes to hand. We are grateful to the Club's Health Officer, Karyn Orzeszko for making these informative articles available.



Kodiak's Journey with Polymyositis

Though any illness in a breed is of great concern to all owners and breeders, there is also a personal story, a personal cost to those who own the affected dogs. Jo has been good enough to share her experience of Kodiak's progress.

We hope that anyone who can support the UK research into this breed specific presentation of Polymyositis will realise the potential value of their contributions and give their full co-operation.

Who would have thought that when we brought this cute little bouncy Vizsla 'Kodiak' home that we would go through so much together? Our plans were ones of endless walks on the beach, numerous obedience and agility titles and maybe a few minor cuts and bruises from fun doggy activities along the way. Unfortunately, life does not always go as planned, and we have travelled quite a long path together to end up at this horrible diagnosis of Polymyositis (PM).

Looking back on things now, we think that the signs were there from when Kodiak was a puppy, however being that the disease is so unknown, at the time we were happy to accept the vets' diagnosis.

Our first indication may have been when Kodiak was 7 months old. Our happy little boy suddenly developed excess drooling and for some reason could not swallow his food without gagging. We visited our lovely vet who diagnosed Kodiak with Pharyngitis and sent him home with some prednisolone to get better. Only now have we learnt this is a treatment option for PM and possibly the reason Kodiak got better - or so we thought.

Two years later, on an Easter Long weekend, once again we had some symptoms that with hindsight could have been PM. Obviously deciding we were feeling quite rich, and a trip to Murdoch Emergency Vet Hospital was in order. Kodiak once again was drooling, this time however he wouldn't eat and was shaking uncontrollably with a very high heart rate. Upon arriving to the vets they diagnosed him with poisoning. We couldn't figure how though since we had walked on a lead that day and been home the rest of the day. The vets then attempted to give him charcoal which he kept regurgitating and in the end it had to be fed to his stomach through a tube. Once again we believed the vet's opinion that he had been poisoned. And once again he was sent home with steroids to get better.

After this visit Kodiak's behaviour started to change. He had always been a happy boy who wanted to play with absolutely everyone in the world and was everyone's best mate! But he changed, and every time another dog came near his face he would get aggressive and tell them to bugger off. If they visited him in any other manner, steering clear of his face, he was fine and happy to play. I started wondering what I had done to traumatise this once happy boy, so that he was a cranky man now? For the life of me I couldn't figure it out as he was well socialised and motivated with positive methods only.

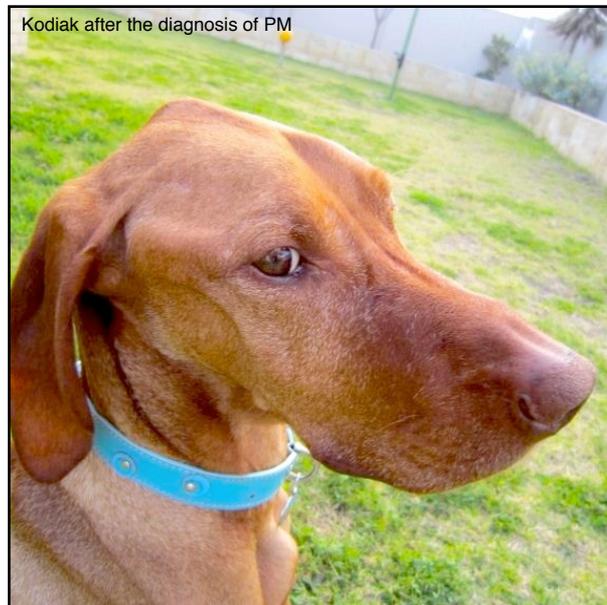
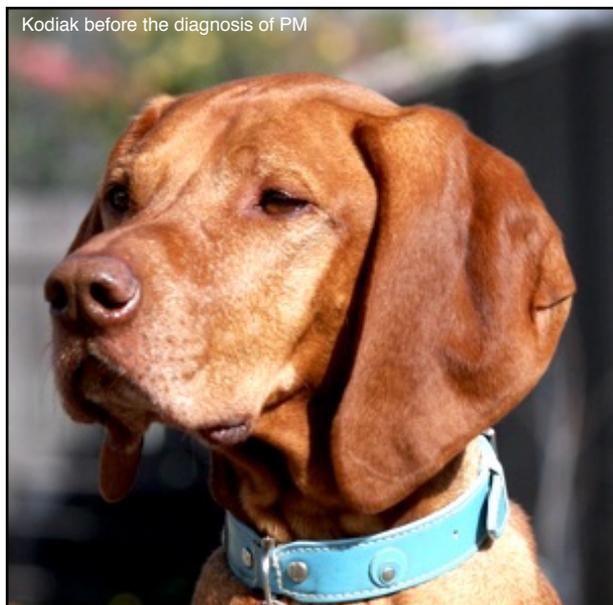
The next strange behaviour was his 'zoning out'. My very obedient boy who had been getting scores of 192 in the obedience ring, suddenly decided stopping instead of heeling and staring into space was a much better option. He also thought change of position was no fun and he did not want to drop at all! Our scores went to under 100. Once again I was completely perplexed. Kodiak loved obedience and loved pleasing me, and then he just couldn't get the motivation anymore. Where had I gone wrong? Was all the training I had done wrong? I started to feel like I was a failure of a trainer, even though my other dogs were doing well and the dogs from classes that I taught were always winning first places at graduation!! Now I realise he was not well at all and exerting the energy required to compete in obedience was too much for him.

Our diagnosis of polymyositis came in July of this year. I came home from work to find Kodiak shaking and drooling again. We attempted to give him dinner and he flat out refused. This went on for two days before he decided he would attempt eating, however when he tried to eat his gag reflex kicked in and he constantly regurgitated. He was getting no food into him so we decided we should head to the vets. (Again a weekend - they always pick the most expensive times!) At this visit Kodiak weighed 27 kilograms which was his normal weight. The vets kept Kodiak in all day for testing and then had us take him home to see how he went and to come back the next day if he was no better. The next day came to no improvement so it was off to the vets again. This visit they kept him all day and gave him various injections. Once again we were allowed to take him home and see how he went - with the intention of returning him the next day for scoping and x-rays to occur. As he was no better on the Monday, the tests were performed. All they could find was an enlarged oesophagus, but no reason as to why this was the case. Again we were told to go and try some new meds and call the next day if nothing could be found. Kodiak still did not improve and at this stage he had dropped his weight to 25.5kg.

At this point, SASH (Small Animal Specialist Hospital) in Sydney was brought into the mix. We were referred to Sydney the next morning to admit Kodiak. Oh well I thought, maybe I might appear on Bondi Vet (this never happened).



We arrived at SASH and had a long talk with the specialists, and I advised them a Vizsla owner in the UK suggested Kodiak may need to be tested for a recently identified breed specific disease - Polymyositis. However the specialist felt they should test for everything else (at a cost of \$4500). So I headed back to Canberra minus Kodiak. Over many days the likelihood of Kodiak having PM was more and more real. The last stop was to take muscle biopsies of his face, shoulder and cheek and send them to the US for confirmation. We then were able to take him home and wait for the results. During his stay at SASH Kodiak lost another few kilos and started to look much older and his gagging was still occurring but we solved this by giving him tinned dog food and feeding it to him on a spoon.



Ten days after we left SASH we received a phone call advising that Kodiak did indeed have PM. We were devastated by this news as we knew the prospects may not be very good. In a hope to try and stop the progression of the disease we put Kodiak on steroids. Unfortunately these drugs increased his muscle wastage - so much so that he is now 20.8kilograms as of 1st September. A loss of 7 kilos in 2 months. This doesn't sound very much, but as he had always been a 'lean' dog, it made a significant difference to Kodiak. As of September we decided to stop the steroids as they were no longer working. This is not the case with every Vizsla who is put on them, unfortunately it is a case by case basis!! We have continued to treat him with Imuran.

Kodiak is currently still a happy boy, however he tires easily (even though he still tries to run at a million miles an hour and hits the wall when he gets home). His dinner is puppy dry food (high fat) soaked in boiling water and cooled with some cooked rice. He also gets tins of puppy food. Unfortunately no amount of food is putting the weight back on. We have noticed he often stares for hours, but then pops back to his normal self.

Polymyositis is a horrible disease for our Vizslas, and for us. We have agreed to participate in the DNA project run in conjunction with the HVCNSW and the UK Vizsla people. We really hope this finds a cure or a way to stop this disease from ever affecting any other Vizsla. I urge everyone who has been asked by the club to participate in this project so no one else needs to go through what poor Kodiak has gone through.

We are not sure how much longer Kodiak will be with us, but as long as he is happy we can feel comfortable in our choice to keep him with us. We are trying everything we can to make him feel better and hope that he will overcome this.

A few weeks after Jo wrote this for our newsletter, we heard that Kodiak had obtained his third pass in Novice Obedience to give him his CD title. Congratulations to Jo & Kodiak for their determination and success, and Kodiak's proof that he can enjoy himself in the obedience ring when he's feeling a little brighter!

Written by: Jo Washington King

Originally published in October/November 2010 Vizsla Views

