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SUBCUTIS FORM OF TRANSMISSIBLE VENEREAL TUMOUR IN A DOG: A CASE REPORT

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Transmissible venereal tumour (TVT) is a common round cell tumour among sexually active dogs. TVT is usually transmitted through copulation, whereas direct transplantation of tumour cells onto abraded or intact mucosae of nasal and oral cavities, eyes and skin can occur either by licking or sniffing of the affected genitalia. The most common clinical signs of TVT are presence of pinkish red, friable, cauliflower-like masses on the mucosae of external genitalia. Masses may also be rarely found in other areas, such as oral mucosae, lips, peritoneum, tonsils, eyes, liver, kidneys, spleen, lungs, musculature and subcutis. The objective of this communication is to enhance the awareness of small animal veterinary practitioners in the diagnosis, treatment and management of the subcutis form of TVT.

A four-year-old, intact male boxer dog was presented to the Veterinary Teaching Hospital with the complaint of multiple nodules all over the body, which had been rapidly growing over a two week period. Clinical examination revealed firm and freely movable dermal and subcutaneous nodules, ranging from 0.5-4.0 cm in diameter. Cytology of smears from fine needle aspirations and histopathology of biopsies from nodules revealed the subcutis form of TVT. Thoracic radiographs did not show signs of metastasis.

Treatment was initiated to control the tumour and minimise adverse effects of chemotherapy. Therefore, weekly administration of vincristine sulphate (0.025 mg/m^2, IV) was selected as the chemotherapeutic agent. Amoxicillin-clavulanic acid (20 mg/kg, IV, b.i.d) was administered prophylactically, followed by oral medication of the same to prevent secondary infections which may occur due to chemotherapy-induced immunosuppression. Hepatic supportives, haematinics and anti-ulcer drugs were given to minimise adverse effects of chemotherapy. The animal was closely monitored following treatment. Marked reduction in the size (0.3-2.5 cm) of the dermal and subcutaneous masses was observed five days after initial treatment. A second dose of vincristine sulphate given one week later resulted in complete remission of the tumours.

In conclusion, TVT should be considered as a differential diagnosis in cases presented with subcutaneous and dermal nodules.