

## A CASE REPORT ON ACTINOMYCOSIS

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### Bir Aktinomikoz Olayı

**Özet:** Aktinomikoz çoğunluk sığırlarda görülen bir hastalıktır. Çene kemiklerinde ve yumuşak dokularda bozukluk yapabilir. Klinik semptomlar ve hastalığın kronik gidişi göz önünde bulundurulduğunda teşhis kolay olur. İleriye gitmiş olaylarda prognoz elverişli değildir. Zamanında uygulanan radikal operasyonlardan başarılı sonuç alınabilir.

**Summary:** Actinomycosis usually occur in cattle. This disease may involve the hard and soft tissues of the head. The diagnosis can be established by clinical and the chronic course of the disease. Prognosis is not available in highly progressed cases. Successful result can be obtained by the total resection performed in time.

### Introduction

Actinomycosis is usually seen in cattle in all parts of the world. 15 to 20 millions cattle out of 200 000 carcasses which were slaughtered under federal control are annually destroyed (2, 4). Upper and lower jaw bones are generally involved in this disease (1, 2, 3).

It is known that lesion in bony tissue is caused by ACTINOMYCES and soft tissues are infected by ACTINOBACILLUS. This causative organisms enter the tissues through the dental alveoli or through damaged oral mucosa via the sharp awns of small grains (1, 2).

Difficulty in mastication and swallowing and a slight bulging over the jaw bones can be observed early in the course of the disease. The lesions are chronically developed, if the patient is neglected or edelayed treatments can not produce benefits (4).

The best treatment of actinobacillosis is the application of the various forms of iodine. Large granulomatous mass can be resected by surgical intervention. Antibiotics and x-Ray have been recommen-

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ded as supplementary aid on the treatment of this disease. Finally it is very difficult to realize a treatment for actinomycosis, but tissue lesions have responded well to surgical intervention and iodine therapy.

### Material and Method

A three years old cow was presented for pandulated tumor which was located under mandibular bone and bulging on lateral side of the same bone (Figure: 1). As far as we were informed, the lesions have been started by hitting a horn approximately a year prior to presentation.

The patient was brought to a surgical plane of anesthesia by ROMPUN and placed in lateral recumbency. Pandulated tumor (ACTINOMYCOTIC GRANULOMA) was easily resected. A skin incision was made approximately 15 centimetres approaching the tumors which were located beneath the bulging area (Figure: 2).

Three pieces of tumor each one as big as an egg were observed (ACTINOMYCOTIC EPULIS). One of them was removed and bleeding was controlled by using an actual cotery. The medial deviation of premolar row and porotic view of the bone (ACTINOMYCOTIC OSTEOMYELITIS) have been exposed as other lesions (Figure :3). It was thought that the lesion will become active again so the patient was slaughtered.

### Conclusion

Early diagnosis of the actinomycosis have responded well to surgical intervention, iodine and some other kind of therapy!

Our observation was very interesting from the point of view that three types of the actinomycotic lesions (Granuloma, epulis and osteomyelitis) existed together. Deviation of the dental row ins not usual. For this reason in the cases of actinomycosis very detailed examination has to be done and the patient has to be sent to the slaughter house before loss of weight.

### References

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Figure 1: Actinomycotic granuloma.



Figure 2: Actinomycotic epulis.



Figure 3: Actinomycotic osteomyelitis seen from several aspects.