

Managing Osteoarthritis and severe elbow dysplasia after acute ITP event

A. Introduction

- “Veka” had been managed for chronic pain due to arthritis and bi-lateral elbow dysplasia. She was on long-term NSAIDS and gabapentin that minimally managed her chronic disease. She had an acute bleeding event and was diagnosed with ITP. During her treatment of ITP, she was given high-dose steroids without NSAID washout. She was hospitalized for 5 days on cage rest. After initial treatment of her ITP, she had hind end weakness characterized by proprioceptive deficits and hind leg crossing when walking. Due to the long-term steroid regimen to treat her ITP, chronic muscle wasting was also a concern.

B. Synopsis

- Signalment: “Veka” 9.5 YO; SF; GSD; 40.8kg
- Presenting complaint: Limping, muscle wasting, weakness
- Relevant Physical findings: Severe spondylosis (T11-L3, L5-S1 (extra lumbar vertebrae (L8)); Elbow Dysplasia, muscle atrophy (apaxial, triceps)
- Pain diagnosis: Chronic pain (Severe elbow dysplasia, spondylosis, arthritis); muscle atrophy (addition of steroids to treat recent ITP); GI (no wash out period from transition of NSAID to Steroid)
- Pain management treatment plan: Hills® J/D diet, Glycoflex Stage 3 - 2 tabs PO BID, VetClassics® Pain Plus 2 tabs PO BID; Gabapentin 7mg/kg PO TID; Amantidine 2.5mg/kg PO SID; LLT 1x weekly, acupuncture 1x weekly; short leash walks
- Final Outcome:
 - i. Veka showed significant improvement. After 2 weeks, her hind end weakness, proprioceptive deficient, and hind leg crossing resolved. After 1 month, she was able to ambulate without hesitation both up and down the staircase. She increased the short leash walks to daily which she tolerated well.

C. Discussion

- Alternative therapies
 - Intra-articular injection
 - Triamcinolone 4mg & PolyGlycanSA (Arthroynamics)
 - Adequan inj
 - CBD
 - Opioid rescue / CRI “pain vacation” therapy