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CASE REPORT

Coligranuloma in a pigeon

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Özet

Kheirandish R, Salehi M, Ghanbarpour R, Alidadi S, Askari N. Bir güvercinde koligranüloma. Eurasian J Vet Sci, 2012, 28, 4, 237-239

Escherichia coli tarafından oluşturulan koligranüloma barsak duvarları, mezenter ve karaciğerde nodüler granullerle karakterizedir. Mevcut araştırma bir güvercinde makroskobik ve histopatalojik olarak tanısı konulmuş koligranülomayı tanıtmaktadır. Makroskobik olarak karaciğer, uviduk, pankreas ve barsakların serozal yüzeylerinde çok odaklı nodüler lezyonlar gözlendi. Histopatalojik inceleme için etkilene organlardan örnekler alınarak boyamalar yapıldı. Hasta organlardan bakteriyel muayene için incelemeler yapıldı. Etkilenen organlardan E. coli izolasyonu gerçekleştirildi. Histopatalojik olarak bakteri kolonilerinin etrafında heterofiller, çok çekirdekli dev hücreler, makrofajlar ile lenfositler gözlendi. Ayrıca kazeöz nekrozlu tipik granülomalar gözlendi. Makroskobik, histopatolojik ve mikrpbiyolojik bulgular koligranülomayı doğrulamaktadır. Bilindiği kadarı ile mevcut araştırma güvercinlerde rapor edilen ilk koligranüloma vakasıdır.

Abstract

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Coliganuloma is characterized by nodular granulomas in liver, mesentery and walls of intestine and is caused by Escherichia coli. This article describes gross and histopathological characteristics of coligranuloma in a pigeon. Grossly, there were observed multifocal nodular lesions on the serosal surface of the intestine, oviduct, pancreas, gizzard and liver. For the histopathological study, tissue samples from the affected organs were taken and stained. The affected organs were processed for the bacteriological examination. Escherichia coli was isolated from affected tissues. Histopathologically, there were found typical granulomas with caseation necrosis and bacterial colonies in central area surrounded by lymphocytes, macrophages, multinucleated giant cells and heterophils. Based on gross, histopathological and microbiological findings, coligranuloma was diagnosed. To the best of our knowledge, this is the first report of coligranuloma in pigeon.

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Colibacillosis refers to any localized or systemic infection caused entirely or partly by Escherichia coli (E. coli), including colisepticemia, air sac disease (chronic respiratory disease, CRD), swollen-head syndrome, synovitis, cellulitis, salpingitis, pericarditis, peritonitis, ophthalmitis, yolk sac infection and coligranuloma (Hjarre's disease) (Charlton 2000, Banlunara and Lekdamrongsak 2006, Barnes et al 2008). The causative organism is the normal inhabitant of the intestine of the birds and outbreaks occur in poultry raised below standard sanitation, during the course of respiratory or immunosuppressive diseases like infectious bronchitis, mycoplasmosis, infectious laryngotracheitis, and Newcastle disease (Islam et al 2007, Nouri et al 2011). Coligranuloma is an important, but uncommon form of colibacillosis and often sporadically found in adult birds (Chauhan 2003, Barnes et al 2008). Coligranuloma was first explained by Hjarre and Wramby, in 1945, in Sweden, as a rare disease of chickens and turkeys (Mutalib and Riddell 1982, Thiede and Krone 2001, Banlunara and Lekdamrongsak 2006). The disease was characterized by nodular granulomas in liver, mesentery and serosal surface of intestine. The clinical findings of disease are nonspecific (Charlton 2000, Vegad and Katiyar 2003), but often include diarrhea, soiling of cloaca with semi-solid cheesy materials, and death (Chauhan 2003, Islam et al 2007). Until now, coligranuloma had been report in an Amazon parrot (Raphael and Iverson 1980), a freeliving bird (common buzzard, Buteo buteo) (Thiede and Krone 2001), a captive juvenile Philippine Eagle (Pithecophaga jefferyi) (Matawaran et al 1998), a Hyacinth macaw (Anodorhynchus hyacinthinus) (Banlunara aand Lekdamrongsak 2006) and a coturnix quail flock (Da Silva et al 1989). The purpose of this study was to report on the occurrence of coligranuloma in a pigeon.

An adult female pigeon with the history of anorexia, lethargy and weakness for 6 days, was referred to the Veterinary Clinic of the School of Veterinary Medicine, Shahid-Bahonar University of Kerman, Kerman, Iran. At necropsy, multifocal grayish-white nodules, 2- 5 mm in diameter, in the abdominal cavity including on the serosal surface of the intestine, oviduct, pancreas, liver and gizzard were found (Figure 1). BacteriologiKheirandish et al

cal sample was obtained and was streaked onto Mac Conkey agar and bovine blood agar (Biolife Laboratories, Milano, Italy). Plates were incubated at 37 °C for 24 hours under aerobic condition. Standard biochemical and bacteriological methods were used to isolate and identify the suspected bacteria. The isolate was confirmed to be E. coli by using biochemical API 20E identification system (BioMe'rieux, Marcy l'Etoile, France). For histopathology, tissue samples were taken, fixed in 10% neutral buffered formalin and processed according to the routine of histopathologic techniques. Paraffin Sections at 5 µm thickness were stained with hematoxylin and eosin (H&E), Periodic acid-Schiff (PAS) and Ziehl-Nielsen methods and studied under light microscope. Microscopic examination of the tissue specimens revealed that the nodules were typical granulomas with caseation necrosis in the center and purple colored bacterial colonies surrounded by a zone of massive inflammatory cell infiltration (Figure 2). The inflammatory cells were composed of lymphocytes, macrophages, multinucleated giant cells and heterophils (Figure 3). PAS and Ziehl-Nielsen (acid fast) staining were negative for mycotic forms and acid-fast organisms, respectively. On the basis of gross, histological and microbiological findings, the diagnosis of coligranuloma was made.

Hjarre's disease appears to be a very rare disease, reported occasionally in birds, also has been described in quails (Da Silva et al 1989, Banlunara and Lekdamrongsak 2006). The pathogenesis is unknown, but the route of infection, seems to be gastrointestinal, skin or respiratory tract. Factors including limited feed intake, vitamin A deficiency, parasitic infections and genetic susceptibility have been suggested to be predisposing risk factors for coligranuloma in poultry (Wray and Davies 2001, Banlunara and Lekdamrongsak 2006, Islam et al 2007, Nouri et al 2011). All of these reports suggest that the presence of coligranulomas cannot be explained by infection with alone. However, must have acted as a primary pathogen when the immune sufficiency of the bird was decreased by an immunosuppressive disease (Nouri et al 2011). Coligranuloma can result in emaciation and reduced production that may not be noticed clinically and often is identified during necropsy (Da Silva et



Figure 1. Multifocal small grayish-white nodules in the abdominal cavity the around visceral organs.

Figure 2. Multiple nodular granulomatous reactions adjacent to the intestines (H&E, $Bar=250 \mu m$).

Figure 3. Caseous necrosis is surrounded by chronic inflammatory cells mainly macrophages and giant cells (H&E. Bar=100 µm).

Eurasian J Vet Sci, 2012, 28, 4, 237-239

al 1989). This disease can cause mortality as high as 75% when a flock is affected (Shah and Qureshi 2006, Barnes et al 2008). Coligranuloma is explained by multiple granulomas in liver, duodenum, cecum and mesentery but not in the spleen (Mutalib and Riddell 1982, Banlunara and Lekdamrongsak 2006, Shah and Qureshi 2006, Islam et al 2007). Pyogranulomatous typhlitis and hepatitis, which may be related to coligranuloma, have been described in turkeys with ruptured ceca (Morishita and Bickford 1992, Barnes et al 2008). Early in the disease, there is caseation necrosis involving as much as half the liver. At the edge of the necrotic areas are a few giant cells, macrophages and lymphocytes. Subsequently, typical granulomas are present in the affected tissues (Islam et al 2007, Barnes et al 2008).

The tuberculosis and mycotic granulomas are similar to those of coligranuloma, but they must be differentiated by Ziehl-Nielsen (acid fast) and PAS staining, respectively, which are negative for *E. coli* (Banlunara and Lekdamrongsak 2006, Islam et al 2009, Nouri et al 2011). The disease usually is diagnosed on the basis of clinical signs, necropsy findings, histopathological examinations, the isolation and identification of organisms by bacteriological examination, the positive therapeutic response of the affected flocks to antibiotics such as colistin sulphate, oxytetracycline, fluoroquinolones, neomycin, etc (Islam et al 2007, Islam et al 2009).

In case reports of a common buzzard, a captive juvenile Philippine Eagle (Pithecophaga jefferyi), an Amazon parrot and a Hyacinth macaw (Anodorhynchus hyacinthinus), the granulomas were shown in the liver, intestine, spleen, pancreas, brain and has not been identified in other organs (Raphael and Iverson 1980, Da Silva et al 1989, Matawaran et al 1998, Thiede and Krone 2001, Banlunara and Lekdamrongsak 2006).

This pigeon showed lesions in the liver, oviduct and intestinal tract, pancreas and gizzard. In this report, diagnosis of coligranuloma was made based on histopathologic, gross and microbiological features. This study seems to be the first reported case of coligranuloma in pigeon.

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