THE MANGA

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OFFICIAL NEWSLETTER OF THE VETERINARY ASSOCIATION OF NAMIBIA

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INSIDE THIS ISSUE:

PRESIDENT'S DESK

Dear members,

This year has been off to a flying start…
We've had our first Exco meeting early in January and set our plans and goals for this year. A big thank-you to Dr Christian Lichtenberg and his wife Helma who hosted us all.

For this year we have decided to focus on public education:
-promoting the veterinary profession as a whole
-supporting the livestock industry in promoting biosecurity and productivity
-educating the public and especially children on rabies, responsible pet ownership, One Health and Antimicrobial awareness

To achieve this, we are currently busy creating video content for the public -different videos targeting farmers and also children and families.

We are supporting the Pako Children's magazine and are in the process of developing activity books on the above mentioned topics to be distributed to various Kindergarten and primary schools.

Furthermore, it is our aim to create video content on responsible pet ownership, rabies, veterinary care, One Health and antimicrobial awareness, which will then be played at various educational centres throughout the country.

In addition to this, we would like to turn our focus toward antimicrobial awareness and stewardship and would like to start projects like "Antibiotic Amnesty", where farmers and pet owners are encouraged to return unused/expired antimicrobials to their vet's practices and where VAN will support the correct disposal (incineration) of these, to prevent leaching into groundwater and contamination of the environment from incorrect disposal. Besides contamination of soil and water, this can also contribute to the development of antimicrobial resistance, hence we would like to play our part to reduce this.
We also want to continue the rabies vaccination campaigns. Plans will be shared soon.

Numerous webinars and online CPDs are in planning (see under *VAN News*)

Please note the following lectures are being edited for improved audio-visual quality and will be available on zoom end of March:
VAN 2024/AFSCAN Virtual Congress:
-Pancreatitis in dogs and cats (Dr M de Scally),
-Prostatic disease and other lower urinary tract disorders in dogs (Dr R Lobetti).

Looking forward to a great 2025!

-Alexandra Marko, VAN President

VAN NEWS

Planned CPDs for 2025:

Small Animal Medicine "in-person" CPD:

29 March 2025 with Prof Schoeman

Advising the small-scale chicken farmer "in-person" CPD:

Date TBC

Small Animal Emergency and Critical Care "in-person" CPD (see flyer):

21-22 June 2025

Livestock "in-person" CPD with Wetlab:

September 2025 Date TBC

VAN Congress:

20-22 November 2025

There will also be some webinars offered throughout the year!

New VAN Secretary: Dr Elsje Boshoff

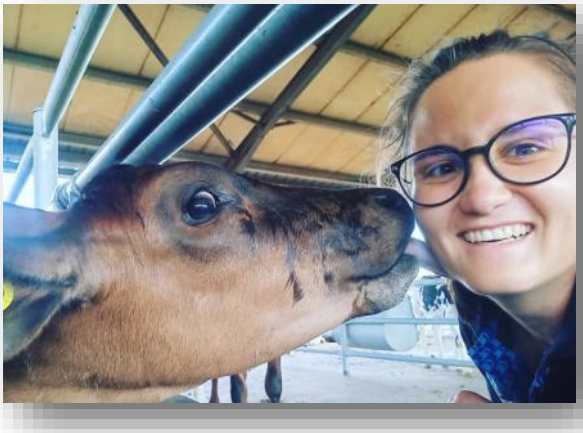
The VAN EXCO is pleased to welcome the new Secretary, Dr Elsje Boshoff, who will be starting on the 1st of March 2025:

"I was born and raised in Windhoek, and every chance I got, every second I had, I would spend it on the farm, whether it was weekends or school holidays. This is where my interest in veterinary medicine started to grow.

In 2022, I graduated from the University of Namibia, and my great love for production animals took root.

Working in the production animal industry allowed me to develop a great interest and passion for the farming industry.

In my spare time, I enjoy spending time with my husband, our two dogs ("the children"), reading a book, or finding ourselves camping somewhere in our breathtaking country."



VAN NEWS

A big thank-you to Dr Christian Lichtenberg and his wife Helma for hosting our first EXCO meeting for the year on their beautiful farm Neu-Otjisororindi.

Left to right: Hubertus Otto, Andrea Klingelhoeffer, Jolandie van der Westhuizen, Alexandra Marko, Christian Lichtenberg and Clemens Lichtenberg

VAN would like to congratulate the UNAM graduates of 2024! Welcome to the Industry, and we hope to see you all as VAN members soon! (*Photo Credit: Vaino Kuume*)

POMPE'S DISEASE IN CATTLE

Gobabis Veterinary Practice—Written By: Dr A. Zahradnicky

History

Two six- to eight-month-old Brahman calves presented with general weakness which was not improving despite additional feeding. They could still stand but struggled to stand for a longer period. The farmer had previously had calves with progressive weakness that eventually died.

Examination

Body condition score 2.0 with all other parameters being WNL.
Blood smear and faecal smear WNL
Ca & P levels WNL

Despite treatment, both calves got progressively worsening paresis. In the end they could not stand up anymore and were unable to remain in sternal recumbency. Habitus and appetite remained normal throughout. A rumenotomy was performed on one, but no abnormalities were found.

A post-mortem was performed on one calf and samples were sent in for histopathology.

Diagnosis: Pompe's Disease

Report feedback from Pathcare:

"The microscopical appearance of neurons in especially the spinal cord, but to a lesser extend in the brain is typical for a storage disease and the associated vacuolisation noted in the myocardium and smooth muscle of the gut would agree with this diagnosis. Vacuolisation often affects these cells/organs in the **Brahman breed**, and the storage disease involved is a **glycogen storage disease and specifically Pompe's disease (Glycogenosis type II**). It is an inherited condition that develops due to an Alpha-1,4-glucosidase deficiency resulting in widespread glycogen accumulation in multiple organs. The PAS stain indicates that the accumulating material represents glycogen. Other storage diseases in cattle affect different breeds.

The inherited metabolic disorder has an **autosomal recessive inheritance** pattern and should be correlated with relatedness of the two calves. Genetic testing is available in South Africa and we can find out if they can possibly test these FFWE tissues.'' By Dr E Du Plessis, Pathcare

More information about Pompe's Disease

Pompe's disease, also know as glycogen storage disease, is an autosomal recessive inherited genetic disorder. It most commonly occurs in Brahmans and Shorthorn cattle breeds, but is also seen in other animal species. Affected cattle die between 6-12 months of age (ABBA, 2021). This disease occurs in affected calves due to lack of enzyme activity of essential enzyme acidic a-glucosidase (AAG). This causes an accumulation of glycogen in especially muscles and nerves, thus disrupting normal tissue function. Clinical signs can vary greatly but are more commonly seen during stressful times for the calf, such as weaning and poor nutrition. Affected calves normally struggle to rise, lying on the side with signs getting progressively worse. These calves are normally found dying due to "accidents", i.e. falling into a ditch/ feeding trough or die due to a heart attack (ABBA, 2021). The nervous system can also be affected, even in very young calves. They may show symptoms such as blindness as well. No treatment is available.

Mating of two carrier animals will produce a 1/4 affected offspring, 2/4 carrier offspring and ¼ normal offspring which is important to consider in herds like this one from the two affected calves as inbreeding has occurred here (ABBA, 2021). It is thus important to test new bulls added to the herd, to confirm that they are not carriers of this disease. Unistel, South Africa, does genetic testing for this disease. A hairplug with the roots attached can be submitted.

The question now arises, how prevalent is this disease in Namibia?

References

ABBA. (2021, May 4). *Australian Brahman Breeeder's Association*. Retrieved from Pompe's Disease: https://www.brahman.com.au/pompes-disease-commonly-asked-questions/

Photo Credit: From D Driemeier: https://neuromuscular.wustl.edu/msys/glycogen.html

EQUINE CASE DISCUSSION

- Written by Dr Jolandie van der Westhuizen

18 January 2025

3 February 2025

History:

3yr old Quarter horse developed a small left sided facial swelling above the facial crest that had increased significantly in size over the last 48 hours.

External examination: Very large left sided facial swelling over rostral margin of facial edge extending rostrally towards the left nostril. The swelling had become fluctuant and upon pressure malodorous purulent discharge emanated from the left nostril.

Oroscopic examination: 508 and 608 small fragments present; 708 and 808 still present; no other dental abnormalities evident on oral exam.

Radiographic examination: Marked apical change including apical enlargement, loss of apical mineralisation, periapical sclerosis, apical loosening and widening of the periodontal ligament space of just erupted 208

Diagnosis: Extraction of permanent 208 recommended. Lancing and draining of large facial abscess recommended.

Treatment: Extraction of tooth 208 performed under standing sedation (CRI), maxillary nerve block, local alveolar block. Initially oral extraction using luxation, forceps and fulcrum elevation was attempted, despite the lack of erupted crown, we were able to apply the forceps and get the tooth significantly loose. However after 20 mm of elevation into the oral cavity, the tooth became stuck and eventually the tooth reserve crown fractured leaving the severely diseased and decayed apical reserve crown below gingival level. These were extracted using the minimally invasive trans buccal screw technique (MTE).

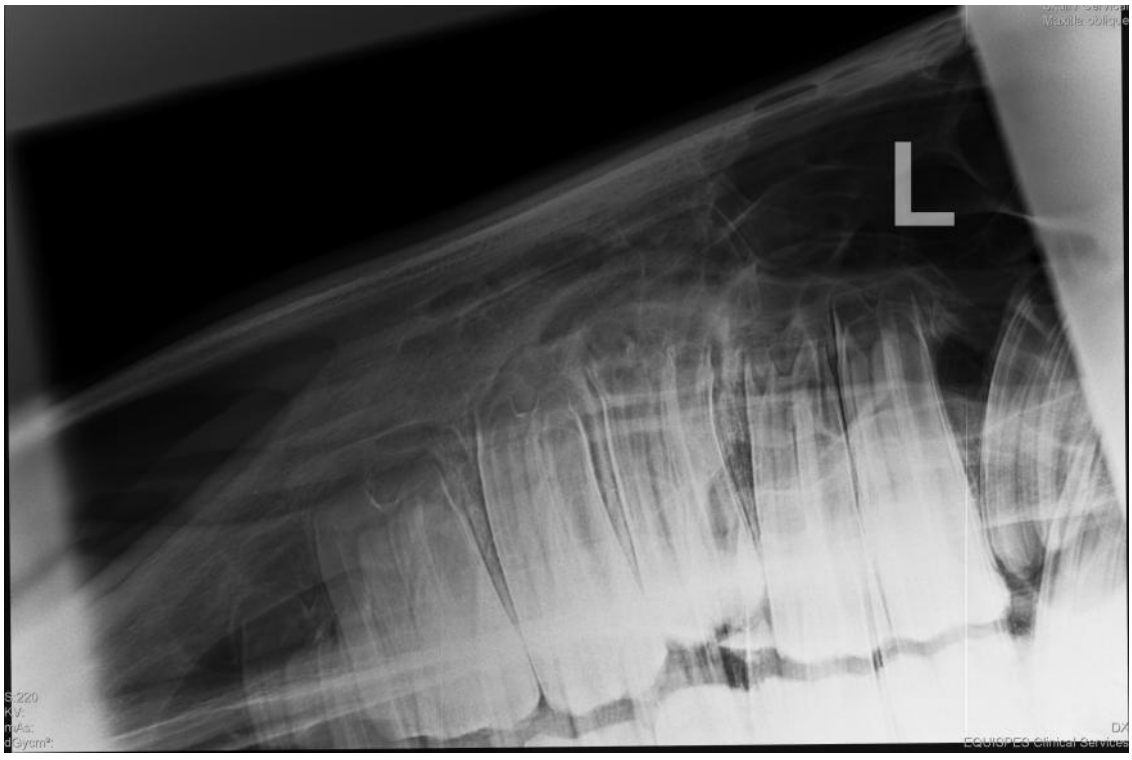
A small 10mm linear incision was made through the skin, buccinator muscle and cheek mucosa and a trocar sleeve placed. Instruments were passed through this portal under oroscopic guidance to progressively loosen the fragments and with the use of MTE forceps, allowed the remaining tooth fragments to be delivered retrograde into the oral cavity. A polysiloxane alveolar plug was placed, the trocar removed and the skin left open to granulate over the next 5 – 7 days.

The plug was removed every 7-10 days, alveolar socket flushed with Biotane and betadine impregnated swabs were used as a plug from 14 days onward. The abscess was drained once more and the bony swelling will take a few months to return to normal.

Take away message: Young horses often have only apical changes present with no abnormalities evident on oral examination. The diseased tooth can only be diagnosed on diagnostic x-rays. No amount of antibiotics in the world will save this tooth and extraction is the only treatment available.

Dr Nicole du Toit from Equine Dental Clinic in UK offers referral clinics in Namibia for dental surgery, fillings and endodontic treatments. This means that you can offer this service to your clients and their horses.

More dentistry resources are available at https://www.bhs.org.uk/horse-care-and-welfare/health-care-management/horse-health/teeth-and-equine-dentistry/



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CONTACT US

We would love to hear from you!

Have an interesting case, story or pictures to share with us?

Please send them to:

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