Rinite atrofica dos suinos pdf

1. ATROFISK RINITIS OF PIGS PATHOLOGIES OF THE RESPIRATORY TRACT 2. ABSTRACT Atrophic Rhinitis (AR) is an infectious infectious disease of the upper respiratory tract, of progressive and chronic evolution, characterized by atrophy of nasal turbines, deviations of nasal septum and muzzle deformity. It has a huge financial impact due to the reduction in weight gain and worsens feed conversion. It is widespread in all pig production areas in Brazil. It is an insidious disease, which does not produce clear clinical signs or mortality. 3. Two forms of AR are recognized, non-progressive atrophic rhinitis (RANP) and progressive atrophic rhinitis (RAP). The primary means of this infection, considered a multifactorial disease, are Bordetella bronchiseptica and Pasteurella multocida. Picture 1. Gram staining of Bordetella bronchiseptica in two Fig 2. Pasteurella multocida grown in blood agar. different degrees of magnification. 4. ⬬ It is a disease with high transmissibility and enzootic in certain regions. It compromises animals in the range of three to eight weeks of age. ⬬ Respiratory diseases in pigs in the growth and cessation phases represented by AR and pneumonia are frequent in limited creations worldwide. 5. TRANSMISSION ⬬ The primary transfer of AR occurs by contact, from pig to pig or through aerosols (aerobic route). ⬬ Chronically infected cops transmit the disease to the milking women by nasal contact during the lactating period. 6. ⬬ Infected piglets are an active source of infection for other sensitive pigs and spread the infection in weaning and early growth regrouping. ⬬ Infected piglets develop severe lesions in the first weeks of life and become disseminators of infection. ⬬ Other possible AR transmitters are cats, rats and rabbits. ⬬ Piglets can become infected at an early age while still in birth or kindergarten, and lesions are usually progressive and with little chance of disintegration. ⬬ On the other hand, the lesions of turbines found by slaughter are representative of the occurrence of the disease at any age. TRANSFER 7. Although RA is considered a multifactorial disease, Bordetella bronchiseptica, Pasteurella multocida type D and, less often, type A, dermonechrotic toxin-producing, are incriminated as primary agents. 8, 2014 in New York I am one of the best in PATHOGENIA B. Bronchiseptica and/or P. multocida settle in nasal musculate produces dermochrotic toxins that attack the upper respiratory tract, causing even partial loss of bones of nasal shells often these lesions predispose to other respiratory problems (e.g. pneumonia) These changes cause great impact on productivity reduction in weight gain and increased feed conversion with medications, pig mortality and condemnation of. 9. Non-PROGRESSIVE ATROPHIC RINITIs (RANP) ⬬ RANP is caused by a thermolabil toxin produced by B. the toxin. ⬬ There is a less severe form of the disease, with mild to moderate atrophy of turbinates, often without significant changes in the muzzle, and nasal lesions can go back over time. ⬬ It has little economic impact on the herd, but under environmental conditions and inadequate management it can develop into the most serious form. Fig. 9. Moderate atrophy of the shells. 10. PROGRESSIVE ATROPHIC RINITIS (RAP) ⬬ Rap is a more severe form of the disease caused by the toxins isolates of P. multocida type D, and rarer type A, isolated or in combination with B. bronchiseptica. ⬬ P. multocida (type D or A) is responsible for the production of dermochrotic toxin, and this toxin (PMT) is presented as the central etiological remedy of this disease, and the purified toxin alone is sufficient to induce its characteristic symptoms. Fig. 10. Severe atrophic rhinitis. 11. PROGRESSIVE ATROPHIC RINITIs (RAP) We can say that there is a synergism among the causative agents of RAP, because P. multocida exacerbates the lesions in pigs infected with B. bronchiseptica. 12. CLINICAL SIGNS ⬬ In piglets, 1 to 8 weeks of sneesis, overloaded nose, nasal discharge, tearing and sometimes nosebleeds can be observed. Sneesis tends to gradually decrease; after 14 days, bone changes are visible. 13. ⬬ As the disease progresses, the upper jaw grows more slowly than the soft tissue and lower jaw. The skin that covers the muzzle acquires a wrinkled appearance and the lower jaw becomes protruding. 14. ⬬ Signs of pneumonia or atrophy can also be observed. Severely affected animals may have difficulty eating; Pigs of all ages on affected sticks can not present any sea changes. The average daily gain is reduced. ⬬ In some animals, sneesis may be transient without other visible clinical signs, although it is possible to observe atrophy of turbocharged bones during slaughter. This form is most common when infection occurs after weaning and when immunity exists. 15. RAP AND FINANCIAL LOSSES ⬬ Unlike RANP, RAP has a significant global significance in the financial loss of affected facilities. ⬬ According to Nilsen et al. (1991), this form of the disease caused a 10% reduction in daily weight gain (GPD) during the post-weaning period in piglets challenged by the disease, compared to control piglets (children of unvaccinated beds) and with vaccinated piglets (children of vaccinated beds). 16. ⬬ This value is close to the statement of Talamini et al., (1991) which reported that the financial losses resulting from atrophic rhinitis can be considered from zero, for disease-free herds to 14.5%, for flocks in which all animals would present severe atrophy or complete destruction of the nasal shells. ⬬ In a study of Embrapa, which aimed to evaluate the prevalence and effects of respiratory diseases in the southern states of Brazil, evaluated 3,837 rhinoceros horns of animals from 60 different farms, and concluded that the incidence of atrophic rhinitis in the animals analysed was 49.4%. 17. DIAGNOSIS ⬬ The diagnosis of atrophic rhinitis depends on clinical, pathological and microbiological examinations, and the latter is especially important for subclinical infected infected infestations. ⬬ However, it is necessary to know whether the isolated specimens are the toxins or not, because only the bacteria that produce toxins cause atrophic rhinitis in pigs. 18. ⬬ The method of evaluation, or visual understanding of turbines developed by EMBRAPA is an effective method of assessing and classifying the degree of atrophy of nasalo turbineates, detecting the prevalence and calculating the index of atrophic rhinitis of pigs (AKI). 19. ⬬ To perform the examination, a cross-section between the first and second premolar teeth should be performed, and the lesions are classified into four degrees according to severity: Grade 0 grade 2 degree 2 Degree 2 Grade 3 Slight deviation from normality Easily visible rooms due to moderate atrophy of the normal turbine ananeous Corgrandides Severe atrophy of the rhinoceros, which becomes small or disappears completely. There are usually deviations of the nasal septum. 20. Grade 0: uninfected muzzle, shells intact. Grade 3: moderate loss of turbocharged tissue. 21. ⬬ To obtain AKI, it is necessary to perform a calculation that quantifies the severity of the disease in the herd. The calculation is carried out using the lesions contained in the examination of the evaluation of the cadams, according to the formula below: ⬬ n = number of animals in each lesion category ⬬ N = total number of animals evaluated And ALE is interpreted by the description of the following table: IRA = (n0 * 0) + (n1 * 1) + (n2 * 2) + (n3 * 3) 22. DIAGNOSIS Diagnosis ⬬ Is based on clinical signs. Progressive atrophic rhinitis should be considered when severe episodes of sneesis occur in piglets and changes in muzzle occur as piglets age. ⬬ The disease is easily identified by post mortem examinations of the nose and culture of the organism present in the smears. When slaughter, the muzzle is cut at the level of the second premolartannen, and an assessment of the degree of atrophy of turbocharged bones is done. 23. TREATMENT AND CONTROL ⬬ Elimination of p. multitocidatoxinogenic infection prevents the development of bone lesions and their effects. Acute disease in piglets can be treated with potentiated sulfonamides, ampicillin, tetracycline or enrofloxacin. It may be necessary to resort to other treatments such as a greater amount of food and electrolytes. 24. ⬬ Risk-conscious deposited pigs may receive antimicrobial treatment in food or water at therapeutic levels. The medicine of groups of animals entering the airspace of a simultaneous entry and exit system (all in, all out) is the most effective method. ⬬ Vaccination of cops with toxicoid (inactivated toxin) to provide protection from colostrum to piglets. 25. ⬬ The infection can be eradicated by defragmentation and replenishment. Uninfected sticks can be kept RAP-free through insulation and the use of uninfected breeding animals. Infection monitoring is done through the culture of smears for P. multocida. 26. FONTADA REFERENCES, Diogo. Atrophic rhinitis. Available in <http: nftalliance.com.br/artigos/suinos/rinite-atrfica=>Access at: 27 Apr 2017 RESPIG - Better breathe, grow better. Atrophic rhinitis (AR) and progressive atrophic rhinitis (PAR). Available in <http: www.respig.pt/diseases/atrophic-rhinitis.asp=>Access: 27 Apr 2017 AVANTE, M. L; ZANGIROLAMI, F. D. Atrophic rhinitis of pigs. São Paulo 2008. Available from: <http: faef.revista.inf.br/imagens_arquivos/arquivos_destaq= ue/iyny9rh3alatqyq_2013-5-28-15-21-30.pdf=>Access on: 27 Apr 2017 BRITO, J.R.F; PIFFER, A.I., BRITO, M.A.V. Atrophic pork rhinitis. São Paulo 1993. Available in < iteid-wofx1pueuh.pdf=> Access: Apr 27, 2017</http:> </http:> </http:>