

IMPORTANT ANNOUNCEMENT

Extended surgical services at MVSC

The Surgery Department at the Melbourne Veterinary Specialist Centre is pleased to announce it is extending its consulting hours for surgical appointments, following the arrival of its third surgeon Dr Arthur House.

Changes will include:

- Evening consultations will be available on Wednesdays until 7.00 p.m. for clients that cannot take time off from work.
- The Surgery team will be available to service the MVSC Essendon Fields facility five days a week. Dr Simon Kudnig will be the principal surgeon at the site, bringing a wealth of experience in surgical oncology, soft tissue surgery and orthopaedics. He will be working closely with the Oncology team at Essendon Fields to provide a complete oncology service.
- Two surgeons will always be available at the MVSC Glen Waverley site. This will provide a flexible appointment schedule that can accommodate your client's pet's needs promptly.
- After-hours 24/7 surgery, for surgical emergencies, will be now shared between the three surgeons.
- The multi-surgeon facility at the MVSC will allow our surgeons to perform both surgical discharges and revisits personally, rather than through lay staff.



MVSC Seminars: Surgery

A potpourri of surgical cases: approaches, tips and surgical solutions

Presenters:

Dr Simon Kudnig

BVSc, MVS, MS, FACVSc, Diplomate ACVS (Small Animal Surgery)

Dr Arthur House

BSc, BVMS(Hons), PhD, Cert SAS, Dip ECVS, MRCVS (Specialist in Small Animal Surgery)

Topic:

A potpourri of surgical cases: approaches, tips and surgical solutions. Dr Kudnig will be joined by Dr House, our latest addition to the surgery service, to present a number of cases that are applicable to general practitioners. This seminar will offer important tips and approaches to orthopaedic, soft tissue and oncologic surgical cases.

When:

6.45–9.00 p.m., Thursday 27 August 2009.

Where:

Fitzroy Bowling Club, 578 Brunswick Street, Fitzroy North (Mel Ref: 2C C1).

Cost:

\$20 (fingerfood and refreshments provided)

Registrations:

Bookings close 20 August 2009. Seminar registration forms are available for by emailing: office@melbvet.com.au or by calling (03) 9887 8844.

This event is proudly sponsored by Merial Australia.



Cranial surgery further enhanced with advanced imaging

With advanced imaging techniques now readily available, aggressive removal of tumours involving the brain, cranium and retro-orbital regions can be performed with often outstanding results. This article focuses on cranial tumours, highlighting how advanced imaging can provide landmarks for the successful excision of some of the more challenging cases.

Case one: Retrobulbar soft tissue sarcoma

'Maxi' presented to our medicine service for investigation of a retrobulbar mass. Previous ophthalmic examinations had revealed exophthalmus and thickening of the third eyelid. Ultrasound examination revealed a large medial orbital mass and MRI was recommended as the next diagnostic step. MRI demonstrated a large retrobulbar mass, which was causing lateral deviation of the globe and was adjacent to the caudal maxilla and cranial vault (see Figure 1 and Figure 2).

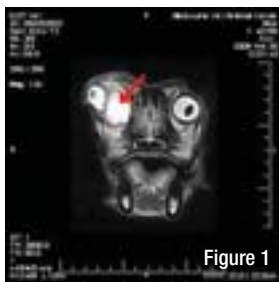


Figure 1



Figure 2

Multiple biopsies were taken from the mass and were consistent with an 'undifferentiated sarcoma'. Based on these findings, wide excision with or without follow up radiation therapy was recommended. Abdominal ultrasonography and thoracic radiography were performed for staging and were unremarkable. Given the location, size and histologic diagnosis, wide excision would require complete orbitectomy with removal of the globe, medial orbit and part of the cranial vault. Surgery was performed with removal of part of the zygomatic arch, vertical ramus, caudal maxilla and the cranium to achieve wide excision with wide margins.



Reconstruction of the defect was achieved by a myocutaneous flap. Histopathology was consistent with a grade II soft tissue sarcoma with clean margins. 'Maxi' recovered well from surgery and based on the histopathology we would expect a cure.



Case two: Multilobular osteochondrosarcoma of the cranial vault

'Pedee' presented to the referring veterinarian with a history of a rapid development of a firm swelling on the caudal aspect of the skull. Radiographs of the mass were consistent with a mineralised mass associated with the caudal occipital protuberance. A biopsy was performed and was consistent with an osteosarcoma or osteochondrosarcoma. A CT examination was performed, which revealed an expansile mass with a 'popcorn appearance' most consistent with a multilobular osteochondrosarcoma (MLO) (see Figure 3 and Figure 4).

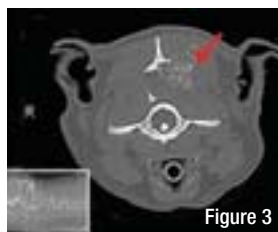


Figure 3

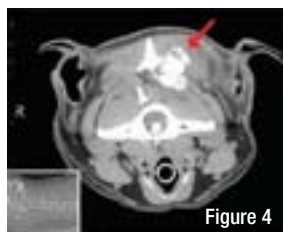
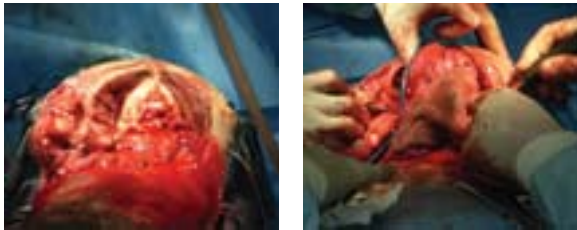


Figure 4

Based on these findings, wide excision with craniectomy was recommended. A caudal approach to the foramen magnum and occipital bones was performed. Craniectomy involved resection of the caudal aspect of the occipital bone, the nuchal crests and external sagittal crest.



This resection necessitated ligation of the transverse venous sinuses. On removal of the bony segment the caudal aspect of the cerebellum was exposed. Reconstruction of the deficit was performed by bilateral temporal myofascial pedicle flaps.



'Pedee' did have some grand mal seizures immediately after surgery; however, these were treated successfully with valium.



Histopathology was consistent with an MLO with clean margins and a surgical cure is expected. 'Pedee' had some transitory cerebellar type gait after surgery; however, this has now resolved.

Case three: Meningioma of the right frontal lobe

'Jaffy' presented to the MVSC Medicine Department for investigation of recurrent seizures that have persisted despite phenobarbitone therapy. MRI of the brain was performed and revealed a contrast enhancing broad based solid tissue mass over the left rostral cerebrum measuring 2.0 cm in length, 2.5 cm in height, and 1.9 cm in width (see Figure 5 and Figure 6). The mass was ventral to the right frontal sinus and was shifting the cerebrum to the left side. Based on these findings a meningioma was the most likely diagnosis and craniectomy with adjuvant radiation therapy was recommended.

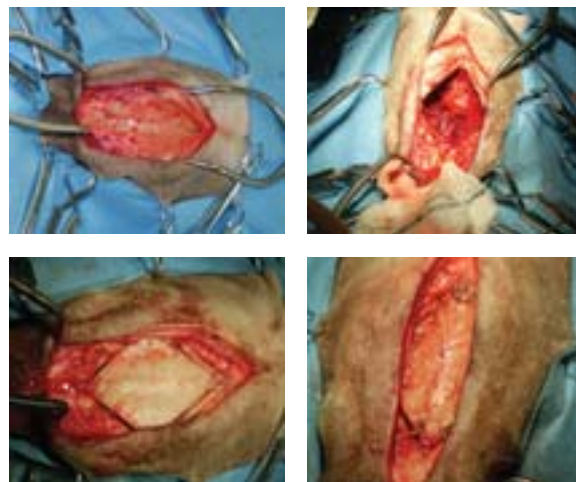


Figure 5



Figure 6

A transfrontal craniectomy was performed with removal of the mass from the frontal lobe. Temporalis fascia was used as a dural substitute to cover the exposed brain tissue and the bone flap was replaced using cerclage wire.



Histopathology was consistent with a meningioma (psammomatous form) and adjuvant radiation therapy using megavoltage was recommended to improve survival time.

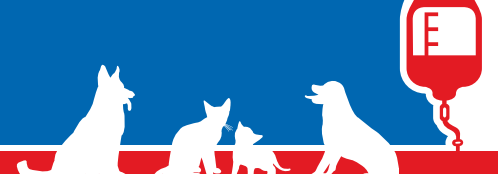


'Jaffy' had 18 x 2.5 Gy radiation fractions using a linear accelerator, which is only available in Brisbane (please contact the Oncology Department for more information regarding radiation therapy). 'Jaffy' and has not had any seizures since surgery six months ago.

Conclusion

These cases demonstrate that a surgical cure can often be achieved with major cranial tumours when a combination of advanced imaging and aggressive surgical resection is

utilised. Multimodal treatment is often required, including chemotherapy and adjuvant radiation therapy.



MVSC News



MVSC Seminars: Medicine

New developments in cardiopulmonary medicine

Presented by Dr Rob Labuc BVSc, MVC, FACVSc (Specialist in Canine Medicine)

There have been no earth-shattering developments in the field of cardiopulmonary medicine in the past few years. There have, however, been numerous 'small' increments in our understanding and management of many commonly encountered diseases. This seminar will explore some of these areas and how they may impact on management strategies of our patients.

When:

6.45–9.00 p.m., Monday 31 August 2009.

Where:

Grattan Gardens Community Centre, 40 Grattan Street, Prahran (Mel Ref: 2L G10).

A diagnostic approach to vestibular disease Presented by Lydia Hambrook BVSc (Hons), MACVSc (Small Animal Medicine)

This seminar will explore the key features of the clinical and neurological examination that enable the lesion to be localised (peripheral versus central disease); the formulation of a manageable list of differential diagnoses; diagnostic tests that can be utilised to identify the cause; and a case study that will test your knowledge.

Cost:

\$20 (fingerfood and refreshments provided)

Registrations:

Bookings close 24 August 2009. Seminar registration forms are available by emailing: office@melbvet.com.au or by calling (03) 9887 8844.

New-look website going live

The MVSC will be unveiling its revamped website later this month. While the web address will remain the same (www.melbvet.com.au), the overall look will change. The way information is organised will be improved, with useful day-to-day information people seek, such as 'what to expect' at a pet's visit and information sheets, now easily accessible. The site will also comprise a Continuing Education section with the facility for online registrations, a Careers page, and a Vets' Info section with password protection.

Make sure you visit: www.melbvet.com.au



Did you know?

You can now email patient histories and reports directly to the appropriate department.

In a step towards improving the way we communicate with referring veterinarians, as well as professionalising our operating methods, we have established generic email accounts for each medical department. These are:

- **Surgery Department:** surgery@melbvet.com.au
- **Oncology Department:** oncology@melbvet.com.au
- **Medicine Department:** medicine@melbvet.com.au
- **Behavioural Medicine Department:** behaviouralmedicine@melbvet.com.au
- **Dermatology Department:** dermatology@melbvet.com.au

The use of these email accounts will further ensure that all correspondence and queries are dealt with in a timely manner.