Management of cutaneous bovine papillomatosis in a year-old Sokoto Gudali heifer through marginal resection

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Abstract

Bovine papillomatosis is an infectious viral condition with cutaneous oncogenic characteristics. The disease is caused by bovine papillomavirus. It is transmitted by vertical spreading, arthropod vectors, and direct skin contact. Understanding the type of tumor, its clinical stage, and anticipated biological behaviors are crucial factors in the surgical oncology approach. A year-old Sokoto Gudali Heifer weighing approximately 80kg was presented to the Veterinary Clinic Sokoto with complaints of head rashes that spread to other parts of the body. On clinical examination, there were numerous, varying-sized cauliflower-like outgrowths with offensive odor and fly swarm. Cutaneous bovine papillomatosis was diagnosed based on clinical findings and supported by histopathology, and the Heifer was scheduled for marginal resection of the tumor. The surgery was successfully conducted; the Heifer was discharged two weeks after the surgery. Marginal resection approach was used in this case report and it involves the complete removal of a tumor leaving only a microscopic lesion, and ivermectin injection serves as a successful adjunct therapy in the treatment of cutaneous bovine papillomatosis. Different levels of aggressiveness should be taken into consideration when managing this type of tumor.

Keywords: Bovine, Cutaneous, Papillomatosis, Marginal resection, Nigeria, Cauliflower, Ivermectin

Introduction

Bovine papillomatosis (BP) is an infectious viral condition with cutaneous oncogenic characteristics. It is linked to the deterioration of leather and teat obstruction in cattle (Khan et al., 2022). The disease is caused by Bovine papillomavirus (BPV) which belongs to the genus Papillomavirus, family Papillomaviridae. It is a double-stranded DNA virus that is non-enveloped, causing a cutaneous lesion on the epithelium and mucosa of the affected animal (Araldi et al., 2017). The five different genera of BPV which include; Delta papillomavirus, Xi Papillomavirus, Epsilon papillomavirus, Dyoxi Papillomavirus, and Dyokap Papillomavirus have been identified and are linked to a variety of pathological effects (Bauermann et al., 2017). Transmission of the disease occurs through vertical spreading, arthropod vectors, and direct skin
contact (Ata et al., 2021). Diagnosis can be made through clinical examination, histopathology, and electron microscopy (Araldi et al., 2017). Gross symptoms of bovine papillomatosis infection include endophytic and exophytic papillomatous growth that resembles cauliflowers on the skin of affected cattle. They are distributed differently on the neck, limbs, and back. The lesions lack hair growth and are firm, pedunculated, and have a rough, thick surface. They appear on the skin as multiple, uneven, elevated growths with varying sizes and a greyish-black color (Khattab et al., 2023).

Histopathological examination of bovine skin warts revealed rete ridges that were generated by varying degrees of acanthosis and epidermal interdigitation seen projected outwardly or inwardly and were associated with hyper- or para-keratosis (Hassanien et al., 2021). In another study, these changes were linked to the dilation and thinning blood vessel wall resulting in haemorrhage into the dermis and stratum corneum (Swamy Babu et al., 2020).

In this case report, we discussed in detail the successful surgical management of cutaneous bovine papillomatosis with recommendations for a better clinical outcome.

**Case Presentation**
A year-old Sokoto Gudali heifer weighing approximately 80 kg was brought to the Veterinary Clinic Sokoto, Nigeria with complaints of head rashes that spread to other areas of the body (Plate I). The client claimed that the rashes were first seen three months before presentation.

**Clinical examination findings**
The patient appeared emaciated and had a rough haircoat upon examination. There were numerous, varying-sized cauliflower-like outgrowths on the head, neck, and other parts of the body. The ocular mucous membrane was slightly pale. The superficial lymph nodes of the prescapular and submandibular regions were grossly enlarged. The rectal temperature, respiratory rate, and pulse rate were 39.4°C, 30 cycles per minute, and 76 beats per minute respectively. Around the lesions, there was an offensive odor and a fly swarm, suggestive of secondary bacterial infection. Cutaneous bovine papillomatosis was diagnosed based on clinical findings and supported by histopathology which showed hyperkeratotic, acanthotic, and papillomatous stratified squamous epithelium with numerous areas showing viral inclusion bodies and the heifer was scheduled for marginal resection of the tumor.

**Laboratory examination**
The presurgical hematocrit revealed mild anaemia (20.8%) (physiological range 26-42%), haemoglobin, red blood cells, and white blood cells were 5.7g/dL, 4.25 × 10¹²L, and 8.4 × 10⁹L respectively. Four irregular, warty, grey-white tissues, each measuring 4×2×2cm, 3.5×2×2cm, 2×2×1cm, and 1×1.5×1cm, were submitted for histological analysis, they totaled 25g in weight (Plate II).

**Case management**
Presurgical Management: Intramuscular administration of amoxicillin (Amoxinject LA®) injection at the dosage of 0.1 mg/kg body weight for
3 days was undertaken before the surgical technique to arrest the underlying secondary bacterial infection.

Surgical Management: The anesthetic protocol involved subcutaneous infiltration with Lignocaine HCL with adrenaline (C-Zoacain Plus®) at the dosage of 7mg/kg. The surgery was conducted in two phases at a week interval: the left and the right lateral aspects. Each lesion was clamped with haemostatic forceps at its base incorporating healthy skin and marginal resection was conducted using a scalpel blade (Plate III). The resected site was cleaned with diluted 10% povidone-iodine (Sawke®). A horizontal mattress suture using nylon size 2 was applied to the incision site for skin closure and haemorrhage control where necessary. The procedure was repeated for all lesions on the left lateral aspect. Haemorrhages in other lesions were controlled using potassium permanganate. After the surgery, oxytetracycline spray was applied topically and a gauze bandage was wrapped around the surgical site to limit fly contamination.

Post-operative management
The post-operative medical management was conducted using amoxicillin (Amoxinject LA®) injection at 0.1 mg/kg for 3 days, diclofenac Na injection at 2.5 mg/kg for 3 days, vitamin K (Lamina 0.3®) injection at 2.5 mg/kg single dose, tetanus antitoxin (Dano-TT®) at 1500 units single dose, 10% dextran iron (I.DNOR®) at 6ml single dose and ivermectin 1% (Khairameticin®) injection at 200 mc/kg single dose. The surgical site was dressed daily with diluted 10% povidone-iodine (Sawke®). After 2 weeks, the Heifer recovered fully with remnants of scar formation (Plate IV).

Histopathology
Histology sections showing areas of orthokeratotic hyperkeratosis, papillated epidermal hyperplasia (Plate V) with numerous areas showing viral inclusion bodies (Plate VI). The rete ridges were elongated and bent inward. The epidermis was fibrocollagenous with areas of lymphocytic infiltrates. Following the histological examination, a squamous papilloma was confirmed.

Postsurgical haematology
Postsurgical haematological results revealed mild anemia (21.0%) (physiological range 26-42%).
haemoglobin, red blood cells, and white blood cells were 5.4g/dL, 4.05×10¹²/L, and 11.7×10⁹L respectively. There was mild anaemia, however with a slight improvement in the haematocrit value most likely due to the administration of haematinics post-surgically.

**Discussion**

A clinical case of bovine papillomatosis is an economically significant infection causing a reduction in milk and meat production, hides devaluation, and mortality, posing a great financial loss (Crespo et al., 2019). This, therefore, made its treatment of paramount importance. Different treatment protocols have been described for the management of clinical cases of BP with varying degrees of success. Use of Ivermectin and other agents such as Thuja, Levamisole, Autogenous Vaccine, and autohaemotherapy were all reported (Caly et al., 2020, Mariz et al., 2016). However, those protocols require a prolonged period of management and therefore prolonged stress on the animal. When there are only a few lesions, surgical resection of the lesions is advised, along with ivermectin treatment and paraimmunity inducers (Mariz et al. 2016). Surgical management proves to be the most expedited treatment protocol with a 100% success rate and faster recuperation.

This case presents an unusual occurrence of bovine papillomatosis, as the majority of cases tend to resolve spontaneously. However, in this particular instance, persistence was observed, attributed to the presence of an infestation of flies and the emergence of a foul odor emanating from the cutaneous lesions, indicating a potential secondary bacterial infection. Antibiotics medication was initiated three days presurgical and that drastically reduced the bacterial load contributing to the surgical success.

Understanding the type of tumor, its clinical stage, and anticipated biological behaviors are crucial factors in the surgical oncology approach. Different levels of aggressiveness should be taken into consideration when managing the tumor. The level of aggressiveness in surgical oncology are debulking, radical resection and marginal resection of the tumor. The marginal resection approach was used in this case and it involves the incomplete removal of a tumor with a microscopic lesion still present. Radiation therapy may be used as an additional therapy to effectively treat the microscopic lesions that are left after surgery. But in this case, Ivermectin injection served as a successful adjunct therapy in the treatment of cutaneous bovine papillomatosis, and this conforms to the findings of previous studies (Mariz et al. 2016).

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**Conflict of Interest**

The authors declare that there is no conflict of interest.

**References**


