Panoesteitis-Labrador Retrievers

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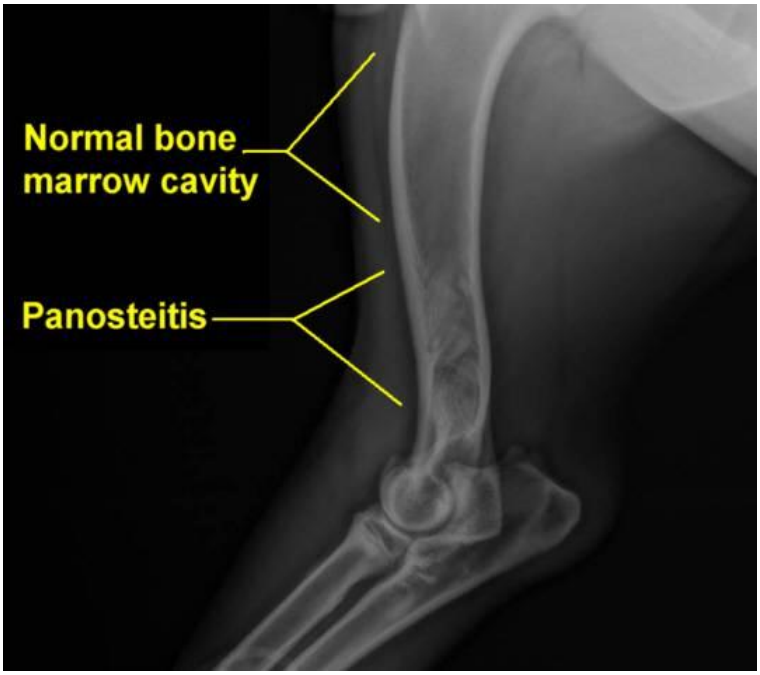
By **Paula Roberts**

Panosteitis, variously known as “growing pains”, “wandering lameness”, “Enostosis/Eosinophilic Panosteitis”, “EOPan” or “ping pong syndrome” is a problem frequently seen in young retrievers; its causes are largely unexplained and its variable nature (hence the name “ping-pong syndrome”), make it puzzling to diagnose and difficult to treat. Looking at the etymology of the word, we have “pan”, meaning all around, -oste, meaning bone, and “itis” meaning inflammation: inflammation in the bone/joint. It affects many of the large and giant breeds of dogs, especially German Shepherds. For this reason, it is believed that genetics is at least partially responsible for the condition. Panosteitis presents as a spontaneously occurring mild to severe pain and juvenile lameness, in just one limb or all simultaneously. In Labradors it tends to affect the front legs more often than the rear legs: most of the time the bone affected will be the long bone of the forearm. In effect, panosteitis most often affects the shaft portion of the long bones (radius, ulna and humerus of the front leg, and the femur and tibia of the hind leg). Symptoms vary: without a history of trauma, injury or excessive exercise, the dog may suddenly exhibit anything from a very slight lameness to a total reluctance to bear any weight on the limb. Typically, palpation of the affected bone elicits a pain response from the dog. Panosteitis may also present as a shifting leg lameness, occurring and resolving in one leg, followed by the appearance of lameness weeks later in a different limb, or a recurrence in the same limb, but a different bone within that limb.



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Panosteitis may persist for one to twelve months; the average cycle is two to three months, with the worst pain usually lasting one to two months. It affects mostly young, growing dogs, usually between five and twelve months. However, it has been seen in dogs as young as two months and as old as 5 years. It is seen more often in males than females.

The veterinarian will use X-rays to rule out other causes of lameness or confirm the diagnosis. In affected dogs, the bones seem to have a greater density than what is usually found: formation of bone within the marrow cavity may appear as areas of increased density on diagnostic films. However, there appears to be no real relationship between the severity of the lesions on x-rays and the acuteness of the lameness.

The intermittent character of the disease makes both assessment and treatment difficult: symptoms appear and disappear spontaneously, with or without treatment. Treatment regimes used to involve total restriction of exercise (ie, crating)-but it is now understood that this practice retards muscle development. Therefore, exercise must be limited during painful periods, but not during non-painful periods. Special care must be taken to restrict roughousing with kennel mates and other canine friends. The dog must not run wild: activity should be monitored and controlled. The dog may be walked on a flexi, ideally not on pavement but on grass. Swimming is fine, since it puts little pressure on the joints. Analgesics such as aspirin or bufferin may be given prior to any physical activity to combat and ease inflammation. However, never give ibuprofen, as this may cause stomach ulcers in dogs. The vet may also recommend phenylbutazone or corticosteroids in the most severe cases.

Some vets may suggest a special diet in some cases: today, many dog food manufacturers are offering large-breed puppy formulas, to reduce the overly rapid growth of bone tissue. Some people believe that a low protein, low calcium diet may prevent panosteitis. However, the energy level of low protein/calcium diets is often lower as well: therefore, a puppy will require much more of the diet to meet its energy needs, and this will result in higher total calcium consumption. Rather than feeding a low protein, low calcium adult food, feeding lesser quantities of the puppy food and keeping the dog lean may be more advantageous. Cut back daily food intake by ½ a cup. Daily supplements of the Chondroitin, Glucosamine sulfate and DiCalcium Phosphate may also help.

The good thing about panosteitis is that it is a temporary condition. It is, “growing pains” that the puppy will, wel l& outgrow. The thing to remember is that keeping then puppy lean, all the while not letting him play too boisterously (especially in a kennel setting) may help to prevent or at least minimize the effects of this disorder.

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