

MORPHOCLINICAL ASPECTS IN EXPERIMENTAL HAEMORRAGICAL DISEASE VIRUS OF RABBITS

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Summary

Rabbit haemorrhagic viral disease is a virotic infections disease highly contagious, with an acute evolution, characterised by fever, haemorrhagic syndrome, necrotic hepatitis and high morbidity and mortality.

The disease may occur as a natural infection or an experimental one. The aim of this study is to prevent some morphoclinic aspects in an experimental infection with haemorrhagic virus on rabbits.

Key words: rabbits, haemorrhagic, liver, disease.

Materials and methods

The experiment was concluded on 15 rabbits 6 months age, not vaccinated against haemorrhagic disease, infected via intranasal way.

After exitus, the rabbits were necropsied and the following organs were prelevated: heart, kidneys, lungs and liver. The samples were histopathologic prepared: phormaldehyde 10% fixation, paraffine inclusion, microtome sectioned (6 μ m) and stained by HEA method.

Results and discussions

Four rabbits died after 42-45 hours post infection. The other eleven died after 45-48 hours post infection.

Only three rabbits showed clinical signs before exitus, the other twelve didn't show any signs, due to the supraacute evolution of disease.(1)

The clinical signs observed were: nasal haemorrhagic dispnoea, nervous signs, accompanied in the agonic phase of the disease by restless and strident screams.(Fig.1)

All rabbits were necropsiated by mammalian techniques.

Macroscopic examination reveals septicemic and hemorrhagic lesions. Congestions and hemorrhages on lungs, hemorrhagic infiltration at tracheal and bronchial mucous in trachea and bronchial lumen was observed an abundant haemorrhagic exudation.(Fig. 2,3,4) (3, 6)

Liver presented necrotic hepatitis, the organ had increased volume and weight with a yellow colour and a friable condition.(Fig5)

The hepatic lesions and disseminated intravascular coagulation are the most important in the disease evolution, the haemorrhagic virus having affinity for the hepatic cells; the virus multiplies itself in their cytoplasm leading to their necrosis.

The hepatic necrosis is the key element in disease pathogenesis, the necrosis activates the coagulation of the blood factors (one of the most important in the liver is the synthesis of mucous proteins which interfere in the coagulation mechanism.)

By virus multiplication in hepatic cells emerge some disturbances in the coagulation factor synthesis and consecutive generalized hemorrhagic lesions.

The initial hepatic necrosis appeared due to viral multiplication inside the hepatic cells, fact which switches out a generalized microthrombosis, this one will accelerate the hepatic necrosis, consequently to the ischemia produced by microthrombi. 2, 3)

The kidneys are strongly congested, with increased volume and weight, with friable consistency, by sectioning the kidney a red-cherry coloured blood is draining (Fig.6).

Histopathologic examination reveals diffuse necrosis of liver cells, the presence of hemosiderin in Kupffer cells, hemorrhagic infiltration in lungs and lymphohistiocytic infiltration on kidney cortex (4, 5).

Conclusions

The clinical signs observed on infected rabbits were: nasal hemorrhagia, dyspnea nervous signs and in the organic phase excitement and shouts.

The macroscopic examination reveals septicemic type hemorrhagic lesions.

The lungs presented congestion and hemorrhagia, at the mucous level.

The initial hepatic necrosis appeared due to viral multiplication inside the hepatic cells, fact which switches out a generalized microthrombosis, this one will accelerate the hepatic necrosis, consequently to the ischemia produced by microthrombi.

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Histopathologic examination reveals diffuse necrosis of liver cells, the presence of hemosiderin in Kupffer cells, hemorrhagic infiltration in lungs and lymphohistiocytic infiltration on kidney cortex.



Fig 1.Clinical aspects.Nassal haemorrhagia

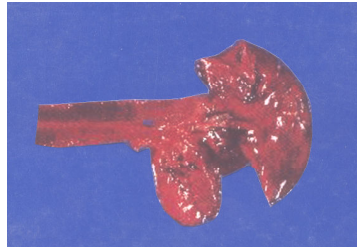


Fig.2. Traheal haemoragical exudation

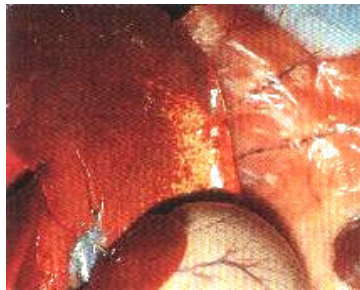


Fig. 3. Lung haemoragia and congestia.

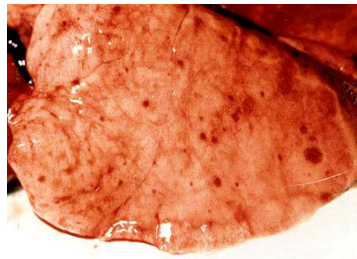


Fig.4. Lung haemoragia and congestia

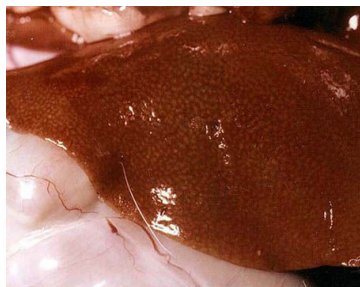


Fig.5. Necrotical hepatitis

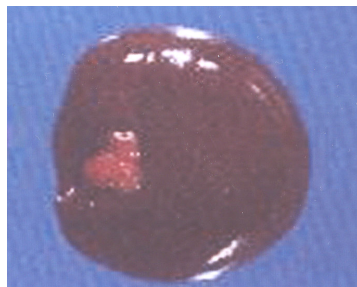


Fig.6. Renale congestia

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