Pyogenic Cervical Spondylitis Caused by Pasteurella haemolytica Attributed to Excessive Contact With Dogs

To the Editor:

I was surprised to see the article “Pyogenic cervical spondylitis caused by Pasteurella haemolytica attributed to excessive contact with dogs” by Machino et al.1 The authors stated that Pasteurella haemolytica (which was renamed Mannheimia haemolytica over a decade ago) is a common inhabitant of the oral cavities of dogs and cats, citing prevalence rates of 71% to 90% in cats and 21% to 60% in dogs. However, they provided no references for these prevalence data, and I am unaware of any studies that have found this bacterium in the oral cavities of dogs, let alone at such high rates. The authors cited 3 articles as supporting zoonotic infections with this organism, yet these 3 articles all involved other Pasteurella species. Pasteurella multocida, a completely different bacterium, is a common oral commensal in dogs and cats and has been reported frequently as a cause of pet-associated infection. The authors may have confused these markedly different organisms. The authors also stated that the recent increase in pet ownership has caused an increase in P. haemolytica infections from bite wounds, with no evidence supporting an increase in infections caused by this bacterium or the role of pets in human P. haemolytica infections.

Although zoonotic infections are problematic and it is important to consider the potential role of household pets in human disease, this article is highly flawed, and retraction should be considered.

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Reference

Reply:

We thank Dr Weese for his letter. We reported a rare case of Pasteurella haemolytica as the pathogenic bacteria behind pyogenic cervical spondylitis. We searched the literature for reports on spondylitis caused by P. haemolytica to the greatest extent possible, but it seems that the present case was the first.

In the present case, a needle aspiration biopsy was performed under diskographic guidance, and P. haemolytica was detected on bacterial culture. We believed that this case was caused by P. haemolytica. Because the patient owns 2 dogs and frequently kisses them on the mouth, this excessive contact was believed to be the cause of infection. No other causes were evident in this case. Although we cannot declare that it is the cause, no evidence was found that it was not the cause.

Our main point in the article was that osteomyelitis has been reported in the field of orthopedics, and, keeping in mind the fact that pyogenic spondylitis is also caused by rare bacterium, we believe it is important to engage in routine treatment regimens.

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Treatment of Lateral Epicondylitis Through Digital Blunt Adhesiolysis

To the Editor:

Lateral epicondylitis has been credited with degeneration of the extensor carpi radialis brevis origin, although the underlying collateral ligamentous complex and joint capsule have also been involved.1 Traditional surgical treatment may lead to nerve injury, protracted rehabilitation, and loss of strength2 due to detachment of the extensor origin to relieve the tension or splitting the extensor carpi radialis brevis tendon at the lateral epicondyle. Typical conservative treatment is based on cortisone infiltration3 to remove tendon inflammation that develops fibrotic adhesions of the epicondylar tendons to the surrounding fascia.4 For a rapid return to work and to maintain original grip strength, I conceived a simple technique using the index finger or the little finger to perform a careful and blunt adhesiolysis that was successfully used in a series of 7 patients. A curved incision is made on the epicondylar skin and fascia. Since adhesions form...
when inflammation occurs, the surgeon’s finger is introduced and maneuvered all along the epicondyle to remove all the painful adhesions (Figure). Postoperatively, a few days of nonsteroidal anti-inflammatory drug therapy is strongly recommended. Simple fascia and skin sutures permit the patient to move the operated arm immediately, with good recovery.

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REFERENCES

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