

Diane L. Kitchen, D.V.M., Ph.D.
Florida Department of Agriculture and Consumer Services
Division of Animal Industry

# CYANOBACTERIA RELATED TOXICITY IN LIVESTOCK



# HISTORY

- Historically, reports of acute death and hepatotoxicity since 19<sup>th</sup> century
  - + Some evidence of prehistoric mass die offs × Microcystis sp.
- Primarily anecdotal reports and circumstantial evidence
- Often, large scale mortality/morbidity
  - + Multiple species, including birds
- Experimental dosing resulted in clinical signs and post mortem lesions identical to naturally occurring cases



#### LIVESTOCK PRESENTATION

- Multiple acute deaths
  - + May be more than one species
  - + May be hours to days post exposure
- × Variable symptoms
  - + Predominately liver and neurologic
- Chronic illness
- **×** Correct conditions
  - +50-85° F
  - + High nitrogen & phosphorus



### CLINICAL SIGNS

- Acute fulminant hepatic failure
  - + Death
  - + Hemoperitoneum
  - + Hepatomegaly
  - + Hemorrhage in intestinal tract
- Subacute and chronic
  - + Photosensitization
  - + Ascites
  - + Icterus, etc





#### **CLINICAL SIGNS**

- Neurotoxicity
  - + Muscle fasciculation
  - + Weakness
    - × Prolapse
    - × Dystocia (abortion)
  - + Paralysis
  - + Cyanosis
  - + Respiratory paralysis
    - × DDX botulism





## DIAGNOSIS

#### Complicated

- + Each cyanotoxin has different pathology
  - x More than one toxin can be produced in a bloom event
- + Frequently not confirmed
  - × Bloom often unobserved
  - × Odorless, Tasteless
- + Toxin may not be present when clinical disease is observed
- + Sample handling may impact ability to detect



# ANALYSIS

- Liquid chromatography/mass spectrometry
  - + May take weeks
- ELISA rapid screening
- \* Samples should be -
  - + Chilled
  - + Protected from light
  - + Shipped promptly
    - × Degradation within 24 hours
- \* Testing includes:
  - + Gastric contents, intestinal contents fixed in formalin
  - + Water sources 1 quart
  - + Tissue
- http://limnology.eeob.iastate.edu/



#### CHRONIC LOW DOSE EXPOSURE

- \* Tumor promotion
- Chronic hepatic changes
- \*? chronic hepatic fibrosis
- ? decreased productivity
- \*? reproductive failure



# TREATMENT

- Supportive Care
  - + Fluids electrolyte balance
  - + Oxygen and respiratory support
- \* No Antidote
- \* Anti-convulsants, Atropine