

A clinic for brachycephalic dogs by Steve Dean

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THE ROYAL Veterinary College has announced the formation of a dedicated clinic for brachycephalic dogs. On the surface this seems to be a good idea but underlying this announcement is some surprising comments attributed to the clinicians involved that leave a feeling of disquiet in the mind of the reader.

For example, the rising population of Pugs and French Bulldogs unsurprisingly will increase the number of these dogs that will visit a veterinary surgeon suffering illness. However large numbers of gundogs visiting veterinary surgeries over the decades has not resulted in dedicated clinics for these breeds although they are commonly associated with a number of disorders.

So what is so different about brachycephalics and why the use of this particular qualifier?

The justification put forward by Gert ter Haar, the veterinary specialist leading this concept quoted in the *Veterinary Times* newspaper, is the number of conditions he sees in individuals of these breeds. He is reported to be seeing a number of these dogs with airway problems that are affected by a number of other conditions too.

Although it will upset any owner of a healthy brachycephalic dog, he is quoted as saying controversially that ALL brachycephalic dogs suffer with issues caused by their compressed skulls.

He does go on to qualify this statement by acknowledging it is difficult to know how many dogs cannot tolerate their 'brachycephalic condition'. However the language used leaves the impression that brachycephalia is regarded as a disadvantage and an abnormality. So it is important we understand what he regards as qualifying as a brachycephalic breed.

The RVC anticipate treating around 20 dogs per month in this clinic (around one per working day). In doing so their plan is to consider all the problems a dog might have and then allow each relevant specialist to see the dog in one day. They will then plan to treat all of a dog's problems at one time, or at least that is the impression the report gives.

An additional ambition is some data gathering with the plan to use the data to approach breeders with information to help eliminate these problems from the breeds affected. The business language quoted was "The brachycephalic clinic is one prime example of what we do at the RVC, unleashing the potential of highly specialist professionals all working in teams with an interdisciplinary mind-set focusing on individualised patient care". Wow if you can unravel that - is it what owners want? Or, do they already assume that is why they visit centres such as the RVC in the first place?

So let us understand what all this really means. First what is a brachycephalic dog? The term means short, wide head and sits alongside two other terms - Dolicephalic (long, narrow head) and Mesaticephalic (head of medium proportions). Now every one might have in mind examples of each type (Borzoi: Beagle and Pekingese for example) but there will be breeds where there will be a debate about where many breeds fit in these three types (eg Border Terrier, Staffordshire Bull Terrier, Clumber Spaniel).

This may appear to be academic superficially but it is important for those at the RVC to define the breeds that qualify for this new clinic for brachycephalic may mean different breeds to those intended.

Although not clearly stated, the intended patient for the brachycephalic clinic will be from those breeds whose muzzle is wider than it is long. Alternatively, it will be those breeds where although the muzzle is short the associated soft tissue has not been reduced to a harmonious degree. This gives rise to folding of the skin around the facial area, relatively long tongues and soft palates and reduced air spaces in nasal passages and throat.

Furthermore, it is very a significant challenge when breeding to select dogs with just foreshortened facial bones and so inevitably some of the changes will affect the cranium of the skull too. This seems to be associated with shallow eye sockets and defective bone development around the base of the skull. So now we are closer to understanding the purpose of this clinic.

The RVC assumption appears to be that a high percentage of the brachycephalic dogs referred to them will have more than one problem. The list is most likely to include problems associated with facial folds (skin infection, abrasion of the cornea by hairs on nose roll), poor eyelid conformation, breathing difficulty associated with the soft tissue of the nose and throat (narrowed nostrils, crowded nasal bones preventing air flow and soft palate intrusion into the upper airway).

We can speculate that they may also wish to include skeletal problems such as spinal defects (butterfly vertebrae) and skull defects (for example leading to syringomyelia) and possibly slipping patella. All are well known to be associated with toy breeds but not necessarily directly related to brachycephalia.

So assuming a poorly bred dog appears at the RVC with eye pathology related to abrasion or damage to the cornea, an infected skin lesion under the nasal roll, a poor ability to blink leading to further corneal damage, difficulty breathing due to narrowed nostrils, crowded nasal cavity and an elongated soft palate, a butterfly vertebrae, syringomyelia and a slipping patella, do they really plan to be able to sort all this out in one consultation?

Of course, this example is somewhat extreme would be unlikely to arise from the population of KC registered dogs. However the approach is what the article suggests is the ambition of this brachycephalic clinic. Furthermore although the work at the clinic may generate some useful information for dog breeders, unless the dogs can be identified as KC registered, the usefulness of the data will be limited?

A trip to the RVC website was unrevealing as nothing is readily available there providing information about this clinic. Also puzzling is the presence of other work at the RVC which has already identified some potentially useful measurements that could be helpful to the dog breeder in the selection of brachycephalic breeding stock. Yet here is another initiative looking at the same problem afresh.

The concept of a one stop clinic to resolve all a problems a dog may suffer is a noble concept. In fact this is surely what veterinary surgeries are there for, but to devote a clinic to one ill-defined (brachycephalic) type of dog seems a little bizarre and especially when the reason for the clinic is not clearly rationalised.

We must accept this may be the fault of the author of the article in the veterinary press and we must hope for more clarity from the RVC itself if such a clinic is to be useful and able to provide helpful advice to owners and dog breeders.

- See more at: <http://www.dogworld.co.uk/product.php/120041#sthash.aiYa4eGt.dpuf>