



Diagnostic Exercise
From The Latin Comparative Pathology Group*

Lumpy skin disease in a cow

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Clinical History:

Five-year-old, spayed, stray brown cow with generalized cutaneous nodules present for a week.

Necropsy Findings:

The animal is in good nutritional condition. Several ticks are present on the ventrum and withers. Multifocally and widespread, affecting all areas of skin in a random distribution, there are variably sized (1-4 cm in diameter) cutaneous and/or subcutaneous nodules, sometimes with a targetoid appearance. A few nodules are ulcerated, and others have a central dense crust. On cut section, many nodules are well demarcated, with a light pink center delineated by a dark red haemorrhagic/hyperaemic line (acute infarcts). Similar nodules and ulcers are also present over the teats. Skinning reveals extensive subcutaneous thickening with yellowish gelatinous material (oedema) as well as multifocal areas of dark red discoloration (haemorrhages). Multiple superficial lymph nodes are enlarged and haemorrhagic, with the right pre-scapular lymph node most severely affected, measuring 16x7x8 cm

Follow-up questions:

- *What is your morphologic diagnosis?*
- *What is the most likely etiologic diagnosis?*
- *What are the expected histologic findings?*

**The Diagnostic Exercises are an initiative of the Latin Comparative Pathology Group (LCPG), the Latin American subdivision of The Davis-Thompson Foundation and published in cooperation with the Brazilian Journal of Veterinary Pathology. These exercises are contributed by members and non-members from any country of residence.*

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<https://davisthompsonfoundation.org/diagnostic-exercise/>

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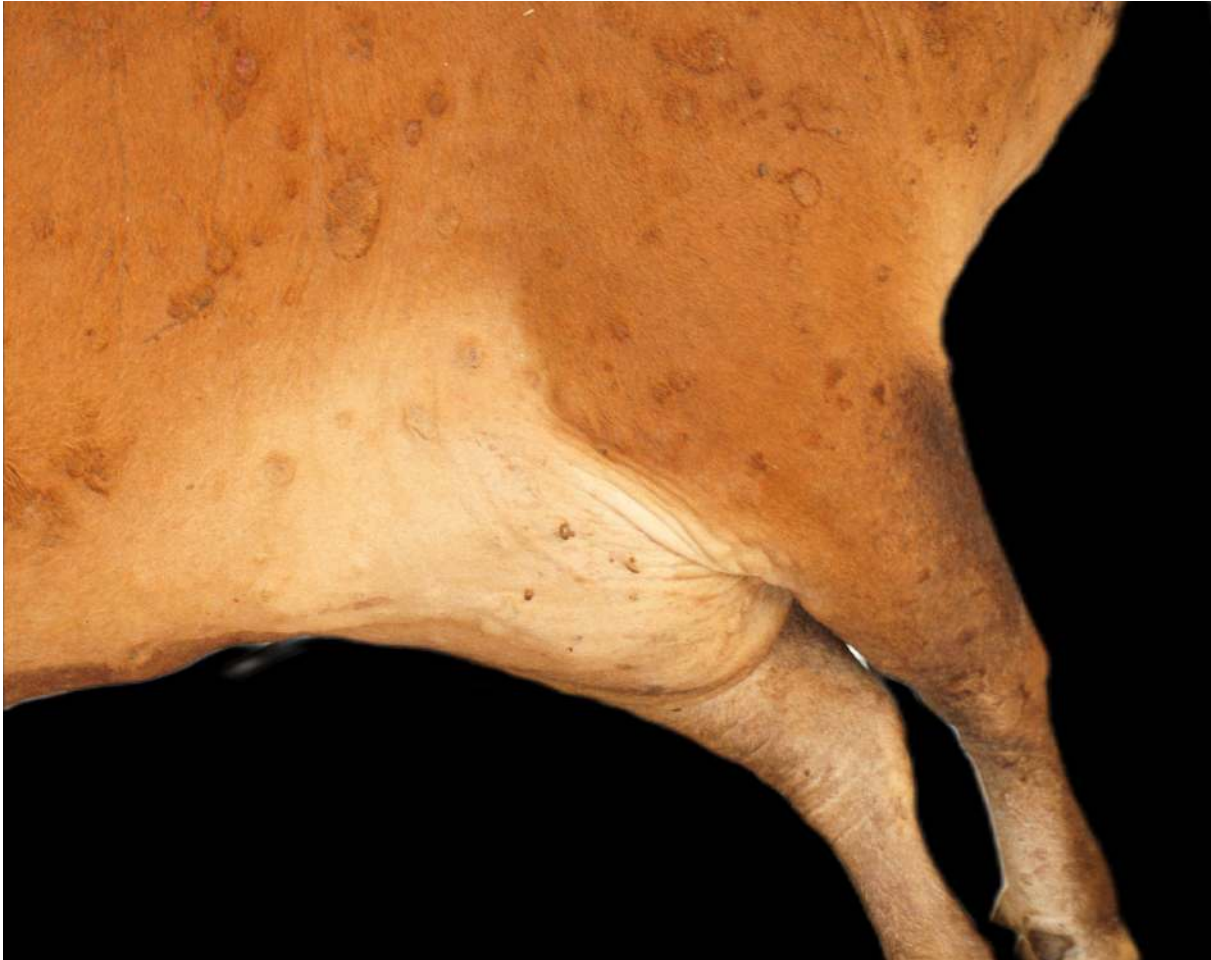


Figure 1



Figure 2

- **Morphologic diagnosis:** Skin nodule: Dermatitis and panniculitis, necrotizing, subacute to chronic, multifocal, moderate to severe, with fibrino-necrotizing vasculitis, intra-epidermal vesicles, ballooning degeneration, frequent intra-histiocytic eosinophilic cytoplasmic inclusions and occasional intra-epithelial intracytoplasmic inclusion bodies.
- **Etiologic diagnosis:** *Capripoxviral dermatitis and panniculitis*.
- **Etiology:** Lumpy skin disease virus (LSDV).
- **Histologic findings:** Skin nodule: Most severely affecting the deep cutaneous plexus in the deep dermis and subcutis, there are abundant inflammatory infiltrates centered on blood vessels with predominately macrophages, fibroblasts, fewer plasma cells, lymphocytes, and scattered cellular debris. The macrophages frequently contain a large, prominent eosinophilic or amphophilic, intracytoplasmic inclusion body and have margined chromatin. Multifocally, affected vessels contain fibrin thrombi, and the vascular wall is partially or completely replaced by homogenous, brightly eosinophilic, fibrillar material (fibrin) with or without erythrocytes and necrotic debris (fibrinoid necrosis). Moderate to extensive areas of necrosis, haemorrhage, oedema, and/or fibrosis are often present in the tissue adjacent to the affected vessels, extending into the dermis and overlying epidermis in some lesions. In areas that affect the epidermis, there is multifocal, mild to moderate acanthosis, moderate ballooning degeneration and spongiosis of the epidermis with the formation of subcorneal vesicles. Keratinocytes occasionally contain intracytoplasmic inclusion bodies, and sometimes individual or groups of cells are brightly eosinophilic with karyorrhexis, pyknosis or loss of nuclei (necrosis). The epidermis is additionally affected by occasional dermal-epidermal separation, erosion/ulceration/necrosis, with or without infiltration of neutrophils forming subcorneal abscesses, mild to moderate parakeratosis, as well as serocellular crusts. The underlying superficial dermis is affected by the previously described vasocentric changes with the occasional presence of melanophages (pigmentary incontinence).

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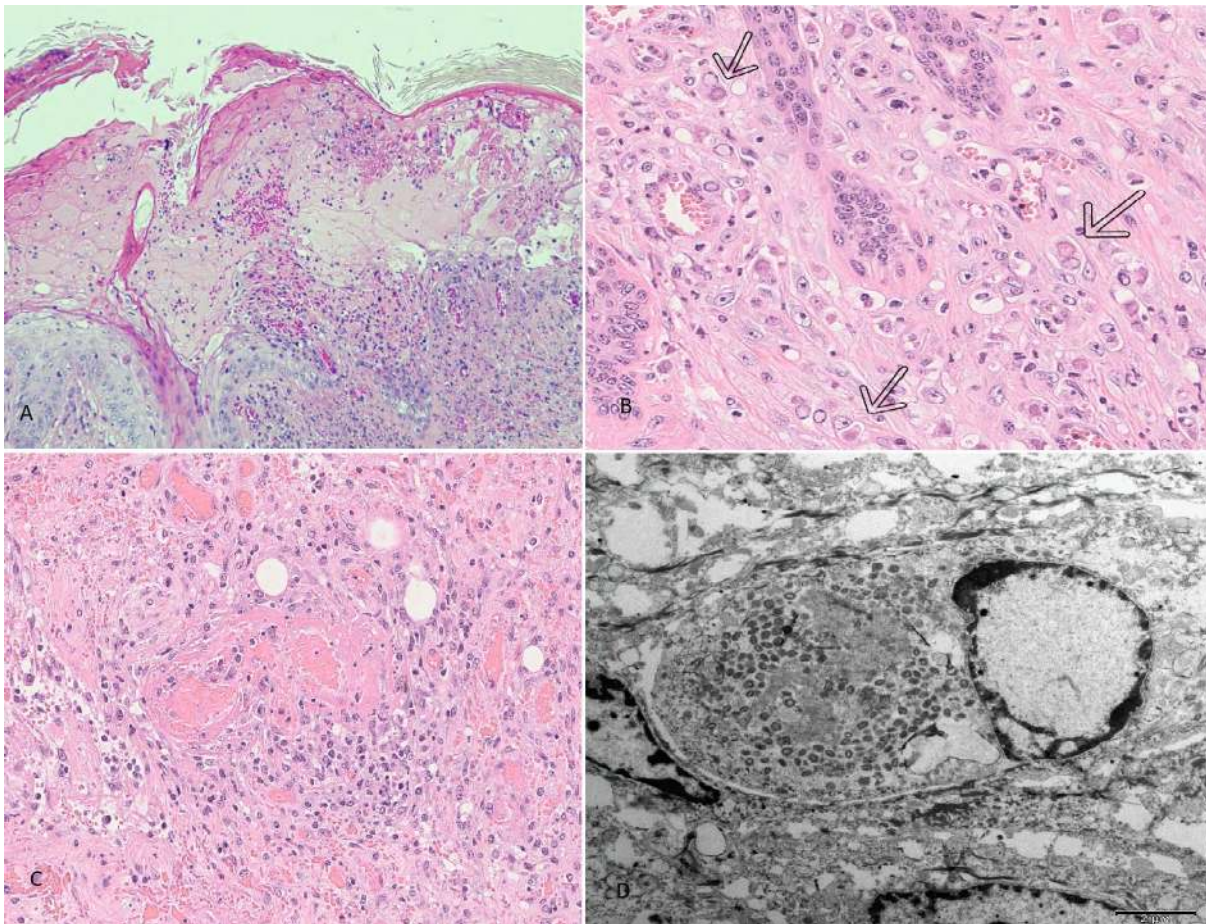


Figure 3. A. Intraepidermal vesicle. B. Intrahistiocytic intracytoplasmic inclusion bodies (arrows). C. Fibrinoid necrosis of the dermal vasculature. D. Transmission electron microscopy showing intracytoplasmic virions in macrophages.

Comments:

Lumpy skin disease (LSD) is an infectious disease of cattle and water buffaloes caused by lumpy skin disease virus (LSDV), which belongs to the Capripoxvirus genus. The virus is mainly transmitted by mechanical transfer through biting insects. Therefore, LSD is more common in the summer and rainy weather. It is an emerging disease of cattle that is currently spreading throughout Asia and resulting in economic losses (1).

The characteristic clinical sign of LSD is the formation of well circumscribed, round nodules in the skin of the affected cattle. The nodules may also appear in nasal and buccal mucous membranes. Other clinical signs include emaciation, generalized lymphadenopathy, and subcutaneous edema (2). Although the virus is introduced percutaneously, the infection is systemic. A leukocyte-associated viremia disseminates the virus to various tissues and infects a wide range of cells, including keratinocytes, mucous and serous glandular epithelial cells, fibrocytes, skeletal myofibers, macrophages, pericytes, and endothelial cells. Damage to endothelial cells causes vasculitis, which is central to the pathogenesis (4). In a recent publication on experimental infection with LSDV in cattle, deep dermal vasculitis was shown to be the primary and key histopathologic features of LSD (5). This is consistent with the lesions seen in this naturally infected case. Another characteristic feature of LSD is the presence of intracytoplasmic, eosinophilic, homogeneous, and occasionally granular inclusion bodies in endothelial cells, pericytes, keratinocytes, macrophages, and fibroblasts; however, these inclusions are not always present (4, 5). LSD can be clinically easily confused with pseudo-lumpy skin disease caused by bovine herpesvirus 2. Therefore, laboratory confirmation should be considered. Confirmation of LSD is most rapid using a real-time or conventional polymerase chain reaction (PCR) method specific for capripoxviruses in combination with the clinical history of a generalized nodular skin disease and enlarged superficial lymph nodes in cattle. Ultrastructurally, capripoxvirus virions are distinct from parapoxvirus virions, which causes bovine papular stomatitis and pseudocowpox, but cannot be distinguished morphologically from orthopoxvirus virions, including cowpox and vaccinia viruses, although neither causes generalized infection and both are uncommon in cattle (3).

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