



Veterinary Specialist Group

SUGGESTIONS FOR DEALING WITH POTENTIAL SIDE EFFECTS IN CHEMOTHERAPY PATIENTS (FOR VETERINARIANS)

Side effects will usually fall into one of two categories: gastrointestinal or bone-marrow arelated

GI SIDE EFFECTS

Vincristine, adriamycin and cyclophosphamide can all cause GI side effects. These are usually mild and the most common one is a day or two of anorexia. Some dogs will have a couple of vomits at home and a loose stool or two but will remain bright and need no attention.

Occasionally dogs will repeatedly vomit and become dehydrated. These dogs need help, either subcutaneous or IV fluids, anti-emetics, and perhaps pain relief. No anti-emetics in common use work very well but injectable Maxolon, Stemetil or butorphanol can be tried. Remember that injectable Maxolon has a very short duration of effect. Morphine or Temgesic can also be used if a sedative effect is desirable. Potassium should be added to drips at 28meq/l.

NEUTROPENIA

Neutropenia can occur with many drugs, but is most common with adriamycin. It can happen anywhere from 5-10 days after administration. The onset of signs with this syndrome can be peracute and it does constitute an emergency. The usual signs are a sudden onset of lethargy, anorexia, depression and often the owners can tell that the dog has a fever. Temperatures can be as high as 41C.

Immediate aggressive therapy is needed starting with an IV catheter and shock dose of fluids. If intravenous antibiotics are available they should be used and I recommend the triple combination of Baytril (safe if used by slow IV), a beta lactam (preferably IV Augmentin) and IV metronidazole.

If IV Augmentin and metronidazole are not available use subcutaneous Clavulox and whatever you have for anaerobes e.g. SC metronidazole or clindamycin. I would suggest that all emergency clinics ought to have an IV beta lactam and IV metronidazole on the shelf.

Steroids are not indicated unless the dog is in extremis. NSAIDS are not indicated as the fever will resolve as soon as adequate antibiotic cover is instituted. Recovery is usually swift, often within hours, and the dogs can often be sent home the same day or next morning with a 5 day course of oral antibiotics (the same combination).

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