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## Sequels to colisepticaemia

The obvious sequel to colisepticaemia is death but the consequence of a fibrinous pericarditis, perihepatitis and pericarditis can be depressed growth and downgrading at the processing plant. In addition, E. coli infection can remain active in specific parts of the body and cause problems.

## Meningitis

E. coli infection of the brain is rare but the protective coverings or meninges around the brain can become infected resulting in meningitis.

## Infection of the eye

E. coli infection of the eye is also rare but when it does occur a panophthalmitis or infection of the whole eye can occur and this is usually severe and serious. This is initially typified by a swelling of the eye which also becomes opaque. Later the eye shrinks and atrophies.

## Osteomyelitis/synovitis/osteoarthritis

Localisation of E. coli infection in a bone (osteomyelitis), joint (synovitis) or the bones around a joint and the joint itself (osteoarthritis) are common sequels to colisepticaemia. The blood supply in the bone and the bone's ability to counter infection are limited and this probably favours these outcomes.

Typically birds with an osteoarthritis are lame and experience poor growth. Initially the joint is swollen, hot and painful but in time the heat and pain goes as the condition becomes chronic and joint mobility is then often lost or reduced. As affected birds have active foci of infection hepatomegaly and splenomegaly are commonly seen in this condition.

The commonest joints affected by osteoarthritis are the hock, knee, hip, wing joints and the joints between free thoracic vertebrae (spondylitis).

## Infectious sternal bursitis

An infectious sternal bursitis can be seen as a sequel to colisepticaemia and in this the bursa over the sternum becomes infected, inflamed and enlarged.

## Coligranulomata

Also known as Hjarre's disease.

A coligranuloma is a thickened nodular lesion that has arisen from an original foci of coagulation necrosis (tissue death). Coli granulomata are typically found in the liver, caeca, duodenum and mesentery but not in the spleen.