



COMMUNICATION ABSTRACTS

The program committee of the ISVD is calling for contributions for Brief Communication Abstracts to be presented at this year's meeting

This session will consist of short oral presentations (10-15 minutes) which are of importance for dermatopathology.

Each abstract will be evaluated blindly by three members of the program committee and scored based on design, originality, and relevance to dermatopathology.

Please submit your abstract electronically following the instructions for authors below.

1. Deadline: Please see conference info on this website or listserv postings regarding abstract submission.
2. Submissions: Abstracts may be submitted on diskette, or as an email attachment (MS Word preferred). If mailed on diskette, indicate the corresponding author's name, the file name, and word processing program used.

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1. Format of Abstracts

A. Page Format: margins: 1 inch (2.5 cm) top, bottom, left and right, single spaced

- 1 page maximum (including title, authors, affiliation, abstract body, sponsorship, tables)

B. Style:

1. Title: Bold, Times New Roman, 14 pts, no capital letters except proper names or product names. (Leave a blank line between the title and authors)

2. Authors:

- include all authors
- format: initials followed by last name only, no degrees
- Times New Roman, 12 points, capital letters, not bold
- Affiliation numbered in superscript following last name (leave a blank line between author and affiliation)

3. Affiliation:

- List affiliation of all authors in order following superscript
- Name of department, School/Institution, City, State, Country (do not include address)



- Times New Roman, 12 points, not bold (leave a blank line between affiliation the abstract body)
4. Body: Times New Roman, 12 point, single spaced

Brief Communications may not exceed 250 words (EXCLUDING title, author list, affiliations, and sponsorship statement)

ABSTRACT EXAMPLE

Chytridiomycosis, an emerging and fatal infectious skin disease of amphibians

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Chytridiomycosis, a mycotic cutaneous infection of amphibians, was first described in frog populations in Australia and Central America and subsequently found in wild and captive anurans and urodeles worldwide. It is considered an emerging infectious disease and a key factor in the dramatic global decline of amphibians. The etiological agent is *Batrachochytrium dendrobatidis* (fungal Phylum Chytridiomycota; Order Chytridiales).

The keratinophilic fungus causes significant mortality in postmetamorphic amphibians, tadpoles are spared. Clinical signs vary with species and include abnormal posture, lethargy, behavioural changes, loss of righting reflex, bilateral mydriasis, reddening as well as greyish-white discoloration of the skin, abnormal sloughing and occasional erosions and ulcers. Death usually occurs within a few days after onset of clinical signs. At necropsy, gross lesions are confined to the skin, particularly on extremities, abdomen and pelvic region. Histologically, there is marked hyperkeratosis containing numerous spherical fungal thalli (zoosporangia), irregular epidermal hyperplasia, spongiosis, occasional epidermal cell necrosis and lymphocytic exocytosis. A mild dermal inflammatory infiltrate may be present. Pathogenesis is postulated to be due to a compromised epidermal barrier as the skin is essential for respiration, water absorption, body temperature regulation and electrolyte homeostasis and serves as a shield against pathogenic organisms. Diagnosis is achieved by routine histology, or cytology. The fungal structures are readily detected on H&E sections and/or skin scrapings stained with lactophenol. Electron microscopy, immunohistochemistry, PCR and fungal culture have also been used. Treatment has included administration of "-azoles" (e.g. fluconazole, itraconazole), formalin/malachite green solution baths and elevation of the environmental temperature.

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