

BACKGROUND

- ▶ Sexually transmitted tumor with cells being transplanted through direct contact with an affected dog
- ▶ Most dogs are intact stray or free-roaming dogs



CLINICAL SIGNS

- ▶ Cauliflower-like, pedunculated, nodular, papillary, or multilobulated in appearance; with intermittent bleeding from prepuce/vulva area
- ▶ Size range from a small nodule (5 mm) to a large mass (> 10 cm) that is firm, often ulcerated and friable
- ▶ Location: most commonly genital, facial
- ▶ Paraneoplastic syndromes: erythrocytosis

DIAGNOSIS

- ▶ By cytology of fine needle aspiration, impression smear is less often diagnostic. Flushing in nasal TVT
- ▶ Histology is indicated if cytology is not diagnostic or the presentation is atypical



THERAPY

- ▶ Vincristine is treatment of choice - 0,5-0,7 mg/m² weekly for 3-8 weeks or 2 weeks after the complete resolution of the visible tumor
- ▶ Radiation therapy or other cytostatic agents such as doxorubicin, cyclophosphamide, methotrexate, vinblastine can be used in non-responsive cases
- ▶ Surgery less effective with recurrence rate above 60%



PROGNOSIS

Excellent. Dogs can be cured with chemotherapy.
More careful prognosis in immunocompromised dogs

