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Haemorrhagic syndrome associated with *T. vivax* infections of cattle in Somalia

Short communication

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Trypanosomiasis, due to *T. congolense* and *T. vivax*, is the main constraint on livestock development in the riverine areas of Somalia. Although in East Africa *T. vivax* infection usually manifests itself as a chronic form of the disease milder than that caused by *T. congolense* (Fiennes, 1950; Stephen, 1970), virulent and haemorrhagic forms have been reported from Tanzania (Cornell, 1936) and Kenya (Hudson, 1944; Mwongela et al., 1981; Wellde et al., 1983).

We report a haemorrhagic syndrome associated with some *T. vivax* infections of cattle in Somalia.

The syndrome is characterized by the rupture of the anterior capillaries in one or both pinnae of infected cattle. Haemorrhagic spots appear and external bleeding starts (Fig. 1). Blood loss may be severe in lactating cows and breeding bulls which often die if untreated. As blood oozes from their ears cattle shake their heads, splattering heads and flanks with blood (Fig. 1). The syndrome is seen throughout the year, but it is more common during the dry seasons. A localization of the disease in certain areas of high tsetse challenge along the Shabelle River (Jilaal Mooge, Libsoma and Geed-faqe) has been noticed. This syndrome has been seen in all local and exotic breeds of cattle. It is very familiar to the stockowners, and they treat these animals for trypanosomiasis without hesitation. In the cases observed bleeding stopped 25–40 min after the inoculation of the animal with a curative dose of Berenil (Hoechst). No haemorrhages were seen on other parts of the body or in the mucous membranes and the colour of the faeces was normal. The presence of *T. vivax* in the blood of the animals with the bleeding syndrome was confirmed by haematological exami-

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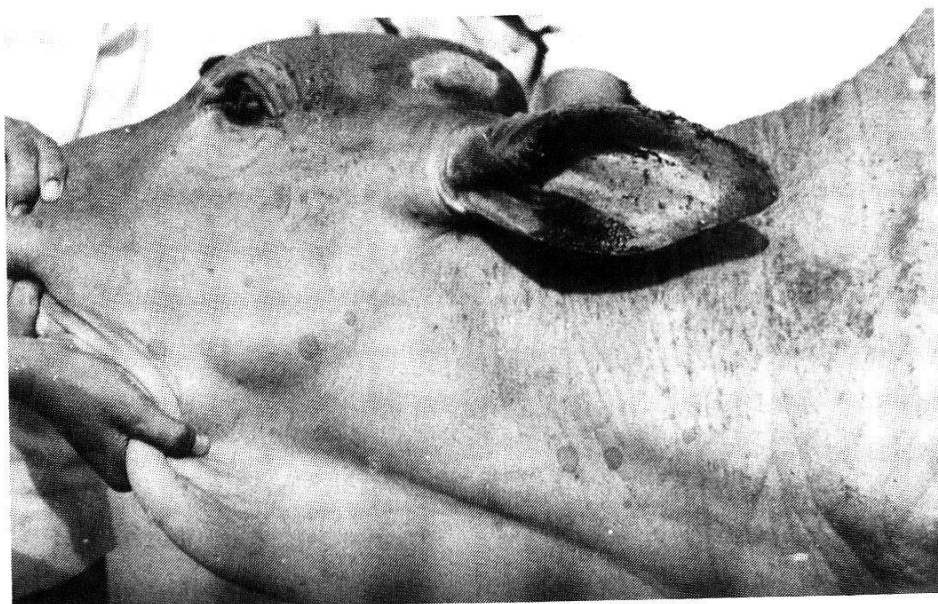


Fig. 1. Head of a bull calf showing extensive haemorrhages on the pinna and splashes of blood on the neck.

nation of Giemsa stained thin blood films. The parasitaemia of 5 animals examined was 2+ or 3+ by the method of Paris et al. (1982).

The syndrome described here differs from that reported from Kenya in being confined to the ears, in the low parasitaemia and the rapid arrest of the bleeding following treatment. The physiological changes and *T. vivax* zymodeme which cause this syndrome, at present apparently limited to Somalia, remain to be investigated.

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