Clinical Update: What’s a Pseudoshell . . . take a look

new skin layer present under dead bone
of the carapace

Patty’s procedure went well today. To explore the consequences of the instability of the marginal scutes Patty was prepared for a minor procedure:

Sedation and Pain control:
  - Buprenorphine [0.01 mg/kg IM]
  - Ketamine [5.4 mg/kg IM]
  - Midazolam [0.27 mg/kg IM]

After 30 min. we were able to achieve nice conscious sedation and pain control.

The instability of the bones of the marginal scutes was exposed, and essentially just lifted right off. The nuchal scutes and several marginal scutes to both sides were removed. Only an area to the right had some minor bleeding and the overlaying bone had a foul odor. Under this bone was pink soft tissue, the pseudoshell. The dermal junction to the skin was not involved and Patty, who had front limb lameness over the weekend due to the shell, seemed to move more comfortably and even looks less edematous. Samples of the exposed tissue with the odor was collected with sharp dissection for culture and pieces of the
necrotic bone submitted for biopsy. The performance of the Michele Trephine was disappointing and was unable to get sufficient bite on the shell to collect a core shell biopsy.

We will continue with treatments: betadyne soaks, muracin® topical ointment, and ampicillin [20 mg/kg SQ SID]. If left out of water for any significant period, cover shell with sterile lubricant.

So what does this mean for Patty? Dead tissue needs to go. We will continue the monitoring for quality of life issues (behavior, appetite, mobility) and schedule additional debridement procedures as needed. At anytime Patty could succumb to infection and the regrowth of new shell, which may not be aesthetically pleasing, is not guaranteed, so Patty is fighting for her very life, but if she continues to eat, grown, and heal, wild release is still an option if a fully functional and protective shell forms. Under ideal conditions it will likely take more then a year.

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