Diagnosis and treatment of a gelding with seminal vesiculitis

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Seminal vesiculitis, although reported in stallions, is unusual in a gelding. A 14 year old Quarter Horse gelding presented with a one-year history of urine dribbling. Transrectal ultrasonographic examination revealed enlarged, fluid-filled seminal vesicles. Upon urethoscopic examination, the proximal urethra was found to be inflamed and the openings of the seminal vesicles were abnormally dilated.1 Urine was collected by catheterization and the results of the urinalysis showed elevated protein (2990.0 mg/dL), red blood cells (20-50), white blood cells (50-100) and bacteria. Bacterial culture results identified Citrobacter koseri. Results of a complete blood count and serum chemistry were within normal limits. The gelding was treated with phenylbutazone (1 gram PO q 24 hours), trimethoprim sulfadiazine (20 mg/kg PO BID for 3 weeks) and discharged.

A follow-up urethroscopy was performed three weeks later, with no change in the findings. A luminal view within both seminal vesicles revealed inflamed walls and the presence of fibrin. A sample was taken for culture again identifying Citrobacter koseri. A five day treatment was instituted by lavaging both seminal vesicles with saline via urethroscopy once daily followed by an infusion of 500 mg amikacin buffered with an equal volume of sodium bicarbonate into each seminal vesicle.2 Systemic antibiotic therapy was changed to enrofloxacin (5mg/kg IV q 24 hours) based on susceptibility. Following treatment, the seminal vesiculitis improved and there was minimal dribbling of urine at discharge.

To our knowledge, seminal vesiculitis in a gelding has not previously been reported. In stallions an infection in the seminal vesicles might compromise fertility by damaging the sperm or transferring infection to the bred mare. This gelding did not respond to conservative treatment, but did respond to lavages and targeted antibiotic therapy. Other options for treatment of chronic seminal vesiculitis include laser ablation of the glands and seminal vesiculectomy. It is possible that urethritis or cystitis led to the seminal vesiculitis observed in this patient.3

Keywords: Gelding, equine, seminal vesiculitis, urethritis

References