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FIBROUS OSTEODYSTROPHY IN AN OPOSSUM

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Abstract: A free living opossum (*Didelphis marsupialis*) was found to have severe fibrous osteodystrophy of the maxilla and mandibles. No significant lesions were found in the kidneys, ruling out an etiology of renal secondary hyperparathyroidism. An etiology of primary hyperthyroidism or nutritional secondary hyperparathyroidism is suggested.

INTRODUCTION

Fibrous osteodystrophy (osteitis fibrosa cystica) has been reported in many species. A recent review⁷ lists several reports of degenerative bone disease in opossum. One of these reports² describes "osteosarcomata" in four opossums. Lesions described are compatible with those of fibrous osteodystrophy. Other reports were not available. To the best of our knowledge, fibrous osteodystrophy has not been reported in the opossum in current literature.

Fibrous osteodystrophy is classically characterized by bone resorption, fibrous replacement of marrow spaces, accelerated formation of nonmineralizing osteoid, and cystic degeneration in the fibrous tissue. The cause is an excess of parathyroid hormone, which may be either primary or secondary.⁹ Primary hyperparathyroidism, due to a parathyroid adenoma, has rarely been reported in animals. Secondary hyperparathyroidism, commonly reported in animals, may be either nutritional or due to renal disease. Nutritional deficiencies of either vitamin D or calcium, or excessive dietary phosphorus may also cause hyperparathyroidism in many mammals, birds, and reptiles.^{4,5,9,10} Renal insufficiency commonly causes fibrous osteodystrophy

(renal rickets, rubber jaw syndrome) in the dog.^{1,6,9} Inability of the kidney to excrete phosphorus or a failure in the metabolic pathway of vitamin D leads to lowered blood calcium and hyperparathyroidism. The facial bones and mandibles are usually most severely affected.

CASE HISTORY AND NECROPSY FINDINGS

An adult male opossum was found with prominent swellings in both maxillary regions. The animal drank water, but was anorectic, and apparently unable to close its mouth.

Necropsy was performed following euthanasia with an overdose of barbiturate. The enlargements in the maxillary regions were bilaterally symmetrical, about 3 cm in thickness as viewed from the oral surface and extended from just posterior to the canine teeth to the rear of the dental arcade (Fig. 1). The overlying gingiva was ulcerated, and the teeth were loosened. The entire maxillary bone was thickened, was generally firm, but pliable, with small gritty foci, and cut easily with a scalpel. The mandibles were similarly, but less severely, affected being about 1 cm thick and cut with more resistance. No other gross lesions were found.



FIGURE 1. Opossum with fibrous osteodystrophy. Bilateral swelling of maxillae with ulceration of gums and displacement of the teeth.

Representative tissues were fixed in 10% neutral buffered formalin, embedded in paraffin, sectioned at 5-6 μ m, and stained with hematoxylin and eosin. Histologically, there was extensive proliferation of fibrous tissue in the marrow spaces of the maxilla and mandible. Cortical bone was greatly thinned or absent in some areas. Small trabeculae of osteoid were scattered throughout the mass (Fig. 2). Nonmineralized osteoid seams were present on the surface of many trabeculae. Numerous osteoclasts were within notches of remaining bone spicules.

Marked depletion of colloid was present throughout the thyroid. Minimal hemosiderin deposits in the spleen, mild colitis and a minimal lymphocytic infiltrate in the liver were noted. The kidney was histologically normal. Unfortunately, the parathyroids were not located.

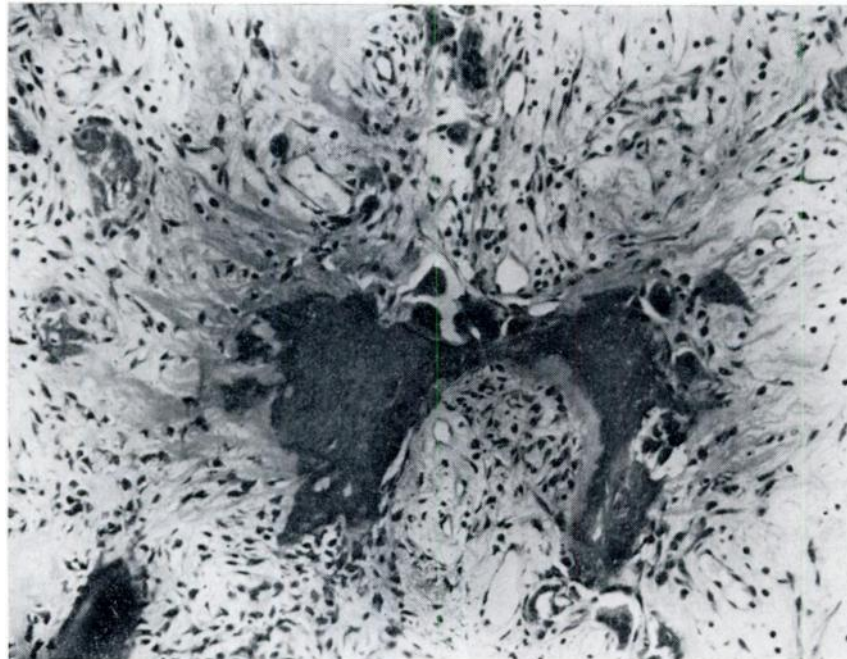


FIGURE 2. Fibrous proliferation, osteoclastic bone resorption, and osteoid production, maxilla, opossum. H & E x128

DISCUSSION

This case of fibrous osteodystrophy in an opossum resembled the changes in maxillary bones and mandibles commonly noted in dogs with chronic renal disease.^{1,6,9} The kidneys in this case, however, were found not to be diseased. Hence, the presumed hyperparathyroidism was primary, or secondary, due to a nutritional imbalance. Although rarely

reported in animals, a functional parathyroid adenoma can not be ruled out in this case. Since the natural diet of the opossum is varied,⁸ future cases should be investigated for a possible nutritional etiology. Furthermore, the kidneys should be thoroughly examined in cases of fibrous osteodystrophy, since a high incidence of renal disease has been reported in captive members of this species.⁸

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