

## Could it have been spirocercosis?

**Johann Schröder**

Gemini R&D Services, Australia

**Corresponding author, email:** [johann.schroder@gmail.com](mailto:johann.schroder@gmail.com)

Dear Editor

As a newly-minted veterinarian and aspirant pathologist, my first publication reported on an osteosarcoma at the thoracic inlet of a dog (Schröder 1976). The case was noteworthy because it was unusual for an osteosarcoma to originate on the axial skeleton, rather than on one of the long bones.

Several years later, now wearing a parasitologist's hat, I have asked myself on numerous occasions if I might have missed an aetiological diagnosis of spirocercosis because I was too fixated on the neoplasm and its location. My only *aide memoire* is the paper from 1976, according to which I looked for and found metastases in the liver and lungs, but alas, no indication that I had also examined the oesophageal wall carefully.

Students differ in their preference for oral or written tests and examinations. In the face-to-face oral situation, *Spirocerca lupi* is a parasitologist's dream. The examiner can let the candidate explore all the different facets of the life cycle (infestation via ingestion of dung beetles, granuloma formation in the oesophageal wall) and

secondary pathology such as hypertrophic osteopathy (Marie's Disease) and neoplasia (Lobetti 2014; Esmailzadeh et al. 2017).

As undergraduates, our pathology mentors taught us not to approach an autopsy with a preconceived idea, but to examine every organ system thoroughly, noting apparent normality, as well as visible lesions. I can't help but believe that in this instance I might have failed.

Sincerely

**Johann Schröder**

### References

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