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***Mycoplasma bovis*-associated disease: new syndromes and emerging problems**

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Mycoplasma bovis is traditionally known as a major contributing etiological agent in enzootic pneumonia of calves,¹ mastitis of cows,² and arthritis of young and adult bovine animals. Recently, a chronic pneumonia-polyarthritis syndrome (CPPS) with distinct pulmonary and arthritic lesions caused important economic losses in the beef industries of Canada and the United States.³⁻⁵ This condition often fails to respond to antimicrobial treatment. Once established in a herd, the infection has a chronic course and is difficult to control. Pathogenic mycoplasmas have a strong affinity for mucosal surfaces and a specific preference for the respiratory and urogenital tracts, mammary glands, and serosal membranes. *Mycoplasma bovis* contains a series of prominent membrane lipoproteins on the cell surface that are highly variable in size and expression. It is thought that they may play a critical role in allowing the organism to escape the host immune system.

This issue of *Large Animal Veterinary Rounds* reviews the major diseases associated with *Mycoplasma bovis* in cattle, and discusses the diagnosis, clinical findings, the recent advances in research on basic molecular mechanisms of its pathogenicity, and developments in laboratory diagnosis of this infectious agent.

Bovine mycoplasmas

Mycoplasmas are wall-less prokaryotes (class Mollicutes) that contain a diverse group of organisms; they are considered the smallest self-replicating organisms. Among the approximately 200 species of Mollicutes from animals, only a small number, mainly *Mycoplasma* species, are described as pathogens. *Mycoplasma mycoides* subsp. *mycoides* small colony (SC) type, is the etiological agent of contagious bovine pleuropneumonia (CBPP) and was the first *Mycoplasma* species described and cultured at the end of the 1800s.⁶ It is still one of the most important threats to the cattle industry in parts of the world and is a reportable disease in North America. The disease was eradicated from North America in 1892.

Mycoplasma bovis was first isolated in the USA in 1962 and it is believed that the infection is now worldwide⁷ with a growing prevalence.⁸⁻¹⁰ The prevalence of *M. bovis* is most likely underestimated, since most laboratories do not routinely monitor for mycoplasmas. *M. bovis* is considered the second most pathogenic bovine mycoplasma after *Mycoplasma mycoides* subsp. *mycoides* SC.

Mycoplasmas are generally host-specific, and most diseases associated with animal mycoplasmas are chronic with high morbidity and low mortality.¹¹ Table 1 describes the major diseases associated with mycoplasmas in cattle.

Diseases associated with *Mycoplasma bovis*

Pneumonia

Bovine respiratory disease (BRD) complex is the most important cause of mortality and culling of weaned calves and young animals after arrival at a feedlot.¹² The cost of *M. bovis* infections in the USA is estimated to be \$32 million per year.¹³ In spite of advances in immunization, treatment, and control



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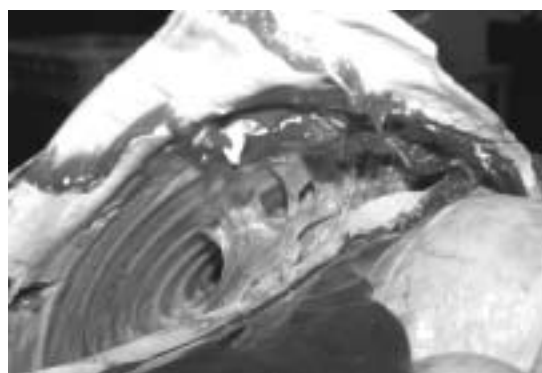
Table 1: The most important pathogenic Mollicutes in cattle¹¹

Mollicutes species	Disease
<i>M. mycoides</i> subsp <i>mycoides</i> SC	Contagious pleuropneumonia
<i>Mycoplasma</i> sp. Bovine group 7	Pneumonia and arthritis
<i>M. bovis</i>	Pneumonia, polyarthritis, mastitis, abortion, sterility
<i>M. dispar</i>	Pneumonia
<i>M. californicum</i>	Mastitis
<i>M. canadense</i>	Mastitis
<i>M. bovis genitalium</i>	Mastitis and genital disease
<i>M. bovoculi</i>	Conjunctivitis
<i>Ureaplasma diversum</i>	Sterility, abortion
<i>Eperythrozoon wenyonii</i>	Anemia

of specific pathogens, *M. bovis* pneumonia infections are increasingly observed and isolated in feedlot calves and adult bovine animals worldwide.^{5,9} *Mycoplasma bovis* pneumonia usually occurs in calves shortly after their arrival in the feedlots. Affected animals are clinically characterized by depression, increased respiratory rate, coughing, nasal discharge, and fever. Arthritis in one or multiple joints may be associated with the pneumonia. A number of these animals become chronically ill and fail to thrive. This disease condition has been named chronic pneumonia-polyarthritis syndrome (CPPS) in feedlot cattle (Dr. Colleen Pollock, personal communication). At necropsy, affected animals have variable degrees of bronchopneumonia with fibrinous to fibrous pleuritis (Figure 1).

M. bovis lesions of the lung vary considerably from case to case. Most show variable degrees of cranioventral chronic bronchopneumonia with nodular, firm, yellow lesions within the lung lobes that often project above the pleural surface. On the cut surface, these lesions vary from miliary (1–2 mm) to large (often 1–2 cm or larger) areas of caseous-like necrosis (Figure 2). Unlike a true abscess, the masses are not encapsulated and the exudate is seldom creamy. These nodular mycoplasma lesions may be few or large in number and are randomly scattered throughout all of the lung lobes. The nodules are usually accompanied by dark red, firm, collapsed lung. The necrotic lung nodules are usually delineated by thin fibrous tissue similar to chronic necrotic lesions of *Mannheimia haemolytica*. Sometimes the lung lobes may be diffusely involved, accompanied by pleural and interlobular fibrosis. Linear yellow necrotic lesions are often seen in the interlobular septa where *M. bovis* has gained access to the interlobular lymphatics. The organism is consistently isolated from the bronchial lymph nodes in these cases. It is the

Figure 1: Chronic pleuritis with costal adhesions in *M. bovis* infected lung in a feedlot calf.

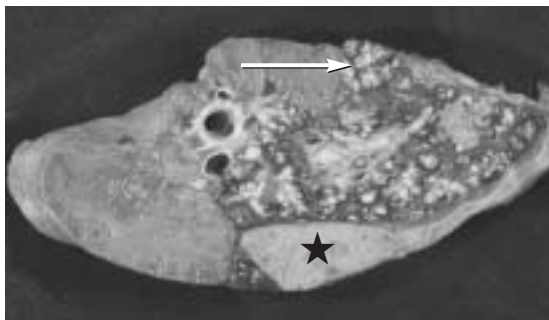


authors' impression that the organism in lung tissue begins to proliferate within the lumen of airways. It continues to expand outward in a centrifugal-like fashion, coalescing with adjacent necrotic areas, and eventually invading and disseminating further via the perivascular and interlobular lymphatics. In cases where arthritis is the principal clinical presentation, the lung lesions may be confined to the right middle lobe or perhaps only the accessory lobe of the right lung. Cases have been observed with a single mycoplasma lung lesion, yet with very extensive and seemingly more chronic arthritic lesions. Histopathologically, the mycoplasma lesions are zones of diffuse hypereosinophilic, amorphous, necrotic lung tissue. The outer edges of the necrotic zones usually show lymphoid cells and some macrophages rather than neutrophils. However, in small lesions, neutrophils are often seen and probably make up much of the necrotic cells in zones of necrosis. The Warthin Faulkner silver stain is useful because it will stain the extremely tiny *Mycoplasma* organisms black. More importantly, this stain will also stain any other types of bacteria, helping to confirm whether the mycoplasma alone is responsible. The organisms are most numerous in the outer zones of the necrotic lesions and in the immediately adjacent viable lung tissue.

In cases with severe pleuritis and lung necrosis, the lesions are very similar to contagious bovine pleuropneumonia caused by *Mycoplasma mycoides* subsp *mycoides* SC and this similarity is of great concern in countries free of CBPP.¹⁴ In two studies, experimental *M. bovis* infection produced similar clinical and pathological findings to that seen in naturally occurring *M. bovis* cases.^{15–17}

M. bovis infection is usually introduced to *M. bovis*-free herds by clinically healthy carrier calves or young cattle shedding mycoplasmas. Once *Mycoplasma* infection is established, it is difficult to eradicate. In one study, *M. bovis* was detected in nasal swabs of 48.6% of a group of calves at age 5 days and from 91.4% of the same calves at age 26 days, demonstrating the gradual spread of *M. bovis* infection.¹⁸ Cattle infected with *M. bovis* shed the mycoplasma from the respi-

Figure 2: Multiple foci of caseous necrosis (arrow) and a large area of coagulative necrosis (star) in a lung section of *M. bovis* pneumonia in a feedlot calf.



ratory tract for many months and even years, acting as a reservoir of infection.¹⁹ Co-infection with viral and bacterial organisms including *Mannheimia haemolytica*, *Pasteurella multocida*, *Haemophilus somnus*, and bovine virus diarrhea virus (BVDV), is commonly reported with *M. bovis* pneumonia^{4,5} and a synergistic effect of these organisms with *M. bovis* has been reported.²⁰ Other concurrent viral, bacterial, and environmental factors play a role in BRD; however, some studies suggest that *M. bovis* is the predisposing factor leading to invasion from other bacterial pathogens by compromising the host immune system.^{21,22} In feedlot cattle, primary BVDV infection and the associated immunosuppression may be potentially important in *M. bovis*-induced disease.

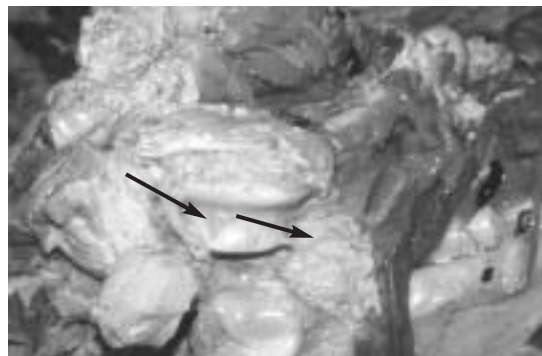
Other *Mycoplasma* species may be isolated from *M. bovis*-infected lungs (eg, *Mycoplasma bovirhinis*, *M. arginini*, *M. bovirgenitalium*, *M. californicum*, *M. canis*). Although these mycoplasmas are not considered primary bovine respiratory pathogens, it is reported that under certain conditions they may become pathogenic.²³

Low responsiveness to antimicrobial treatment of pneumonia and/or arthritis is typical of *M. bovis* infection in feedlot cattle.^{4,24} Those antibiotics that are effective *in vitro* are often ineffective *in vivo*. Currently, despite many efforts, there are no vaccines available that induce complete protection against pneumonic strains of *M. bovis* in North America. However, there are reports of successful trials and immunogenic vaccines for *M. bovis* outside of North America.^{8,25}

Arthritis

Mycoplasma bovis arthritis commonly occurs as a sequel to or concurrent with pneumonia or mastitis in cattle, and its occurrence depends on the level of infection challenge.¹⁹ Polyarthritis caused by *M. bovis* in feedlot calves is a major cause of weight loss and culling of calves. Affected calves are reluctant to move or they walk with a stiff gait. As the disease progresses, the animals become recumbent. Arthritis usually affects multiple joints, mainly the femorotibial, radiocarpal, and tibiotarsal, but involvement of a single stifle joint is also

Figure 3: Stifle joint in a feedlot calf with severe *M. bovis* fibrinous arthritis. Note the fibrin masses (arrows) in the joint cavity.



very common. Affected joints are warm and swollen, and contain increased, opaque synovial fluid mixed with fibrinopurulent exudate (Figure 3). The infection commonly extends into tendon sheaths, bursae, and joint capsules, and is characterized by fibrinonecrotizing tenosynovitis.³ Adjacent soft tissues, including skeletal muscle, are often involved as well. In affected animals, all these tissues should be examined for lesions and abnormalities.

Arthritis may occur without any obvious clinical signs of pulmonary disease.²⁶ The co-occurrence of respiratory disease and arthritis may suggest that *M. bovis* is able to enter the blood circulation from the lung and induce arthritis in cattle. Like pneumonia, other mycoplasmas may be isolated from infected joints and their significance is not clear. Submission of tissue samples for histology and bacteriology is helpful in diagnosing the disease. Pieces of affected synovial membrane and tendon sheaths are recommended for histopathology. Cultures of joint fluid and affected synovial membrane are used to isolate the causative organism. Treatment usually is ineffective, especially in chronic cases of mycoplasmal arthritis. Attempts to produce a protective vaccine against *M. bovis* arthritis have not been successful.

Mastitis

M. bovis was first isolated in 1962 from cases of severe mastitis in cattle in the USA.² *M. bovis* mastitis is a highly contagious and costly disease in the dairy industry.²⁷ Initially, affected mammary glands have a light brown secretion containing a flaky sediment. After a few days, the secretion becomes purulent and the gland edematous and tender. Infection can spread to other quarters.^{27,28} The affected quarters appear enlarged with a firm texture. The cut surface is nodular and has a moderate gray-yellow discoloration. Two to 3 weeks after infection, the same quarters are clearly reduced in size, but still in firm consistency. Histologically, there is degeneration of the alveolar epithelium and an accumulation of highly homogeneous, eosinophilic, purulent exudate within the mammary

ducts and intra-alveola 4 to 9 days postinfection. Between 2 to 3 weeks from infection, the mammary tissue has alveolar atrophy and interstitial infiltration of plasma cells, lymphocytes, and macrophages.²⁹ Formation of multiple abscesses has been reported in the chronic stages of the disease, suggesting the potential for intermittent shedding of the organism.³⁰ Contaminated milk from cases of subclinical mastitis is of great concern for the spread of mastitis and as a source of infection for calves. In one report, the feeding of waste milk containing *M. bovis* from mastitic cows to calves was suggested as the possible source of infection causing otitis media in dairy calves.³¹ There is no treatment for mycoplasmal mastitis. Control of the disease by identifying the infected cows, segregating contaminated milk, and imposing routine hygienic procedures in herds are helpful measures.³⁰

Other *M. bovis*-related diseases

Mycoplasma bovis infection can cause reproductive disorders in cows (metritis, salpingitis, reduced conception rates, and abortion) and bulls (seminal vesiculitis, epididymitis, and orchitis).^{32,33} The authors detected mycoplasma antigen by immunohistochemistry from the placenta of an aborted bison.

Disease entities with features other than pneumonia, arthritis, and mastitis have been reported with *M. bovis* infection. Polyarthritis accompanied by meningitis, probably originating from intrauterine infection, was reported in 2 herds of 1- to 3-week-old dairy calves.³⁴ Decubital abscesses were reported in a herd of Holstein cattle. Affected calves did not have any joint lesions and the route of entry was not determined; however, rubbing the skin against a hard wooden floor contaminated with *M. bovis* or transmission of the organism from nasal discharge by licking the region was suggested.³⁵ During the last several years, the authors have detected *M. bovis* antigens in a variety of lesions including necrotizing myocarditis, necrotizing laryngitis and tracheitis, nephritis, panniculitis, vegetative endocarditis, and peritonitis. These findings may indicate the ability of this pathogen to circulate through the body via the bloodstream and localize in different tissues.

Laboratory analysis and detection of *M. bovis*

Isolation or detection of *M. bovis* in affected tissues or submitted samples is of critical importance in diagnosis, control, and possible treatment of disease. Several methods for detection of *M. bovis* are being used in diagnostic laboratories. Each method has advantages and disadvantages and each can be used for different purposes.

- Bacterial culture is conventionally used to detect mycoplasmas. Cultures of lung samples are considered the most effective method for isolating pulmonary

pathogens, but are limited to fatal cases. Cultures are time-consuming and can be compromised by bacterial contamination of the sample; however, they have high specificity and sensitivity and they can be applied to a wide variety of clinical specimens.³⁶ Furthermore, other *Mycoplasma* species present in the same sample can also be isolated.

- Nasal swabs (NS) or bronchioalveolar lavage (BAL) are used in living animals and present interesting alternative techniques for defining pulmonary pathogens. In a recent study, the efficacy of these two sampling procedures in detecting pulmonary mycoplasmas in cattle was compared.³⁷ It was concluded that BAL is the best method for isolating *M. bovis* in cattle with respiratory disease, while NS was not representative of the mycoplasmas present in the lower respiratory airways. In another study, there was moderate agreement between NS and BAL at the group level, but not in the individual calf.³⁸

- The polymerase chain reaction (PCR) technique is becoming a routine application in diagnostic laboratories. PCR is used to detect *M. bovis* in milk samples and the supernatant of cell cultures. This method is superior to other methods of detection in terms of sensitivity, specificity, and speed.³⁶ While it is undoubtedly a highly sensitive method, there is a detection limit for this method³⁶ and unlike immunohistochemistry, it is not possible to associate the organism with the lesion.

- In the Western College of Veterinary Medicine (WCVM)/Prairie Diagnostic Services diagnostic laboratory, immunohistochemistry is widely used for *M. bovis* detection in tissues processed for histology. It is a useful tool to detect and locate the antigen associated with lesions in affected tissues and has been used in several studies.^{4,5} However, it is mainly a postmortem test and requires a few days for results to be available. Moreover, possible confounding effects of tissue fixation on antigens and possible cross-reactions with other antigens should be considered.

Pathogenesis of *M. bovis*

Mycoplasmas can have a close interaction with mammalian host cells for long periods without causing cytopathic effects. It has been suggested that the virulence of *M. bovis* is induced by its production of tumour necrosis factor- α (TNF- α),³⁹ specific cytoadhesive structures,⁴⁰⁻⁴² and a capability to evade the host's immune system by surface antigenic variation. Major lipoprotein antigen expression on the surface of *M. bovis* was shown to spontaneously undergo noncoordinated phase variation between "ON" and "OFF" expression states at a high frequency.^{43,44} Differences in adhesion between pathogenic and nonpathogenic strains of *M. bovis* have been demonstrated.⁴⁵ *M. bovis* has been shown to be

immunosuppressive, affecting both cell-mediated and humoral immunity.^{22,46} *M. bovis* can also induce apoptosis of bovine lymphocytes.⁴⁷

Summary

Recent evidence indicates that *M. bovis* may be an emerging pathogen in cattle around the world. In feedlot cattle, a history of respiratory disease unresponsive to treatment and followed by polyarthritis is suggestive of *M. bovis* infection. The exact cause of the increased incidence and pathogenicity of *M. bovis* is not known; however, factors such as the elimination of other bacterial pathogens through use of potent antibiotics and vaccines, increased virulence of *M. bovis* strains, interactions with other pathogens (eg, BVDV), and management factors may be important. To evade the immune system, *M. bovis* is able to alter its surface antigens by variable surface protein gene rearrangement.

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Abstract of Interest

***Mycoplasma bovis*: disease, diagnosis, and control.**

NICHOLAS RA, AYLING RD.

Mycoplasma bovis is a major, but often overlooked, pathogen causing respiratory disease, mastitis and arthritis in cattle. It is found worldwide and has spread into new areas, including Ireland and parts of South America, in the last decade. In Europe, it is responsible for at least a quarter to a third of all calf pneumonia although this may be an underestimate as few laboratories regularly monitor for mycoplasmas. Like all Mollicutes, *M. bovis* is inherently refractory to certain groups of antibiotics because it does not possess a cell wall; furthermore, evidence is accumulating that strains of *M. bovis* are becoming resistant to antibiotics, including tetracycline, tilmicosin and spectinomycin, traditionally used for their control. No vaccines are presently available for the control of *M. bovis* infections. *Res Vet Sci* 2003;74(2):105-112.

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