1.2.8 Other Diseases Caused by *Aeromonas salmonicida*

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Variants of *Aeromonas salmonicida* produce diseases other than furunculosis, including goldfish ulcerative disease, carp erythrodermatitis, trout ulcer disease, and systemic infections among several warmwater and marine species. Like typical strains of *Aeromonas salmonicida*, these atypical variants are nonmotile, oxidase-positive rods that ferment glucose. However, the atypical strains vary in certain other biochemical characteristics and may not produce water-soluble brown pigment.

A. Goldfish Ulcer Disease

Goldfish ulcer disease (GUD) causes serious losses on commercial goldfish *Carassius auratus* farms. Because of extensive fish transfers, there are few or no sources of goldfish in the USA that are GUD-free. Bacterial involvement is predominantly external. The infection usually starts as white tufts on the skin or a fin and develops into large, open necrotic lesions. A bacteremia is generally not caused by *Aeromonas salmonicida*; if one develops, it is usually caused by opportunistic bacteria that gain entry through the skin lesions.

B. Carp Erythrodermatitis

Carp erythrodermatitis (CE) is a subacute to chronic skin disease that occurs at 4 to 30°C and was originally associated with carp dropsy syndrome. Grass carp *Ctenopharyngodon idella* and silver carp *Hypophthalmichthys molitrix* are the most sensitive of the affected species. The first sign of CE is one or more small inflamed hemorrhagic areas, which develop into ulcers. The causative bacterium is present exclusively in lesions between the dermis and epidermis.

C. Trout Ulcer Disease

Trout ulcer disease starts as epithelial thickenings that enlarge to white tufts and eventually form well-defined ulcers. In acute infections, there may be no ulcers present and internal pathological changes are similar to typical furunculosis.
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Diagnostic procedures for atypical *Aeromonas salmonicida* infections are similar to those for furunculosis. However, the use of BA or some other serum-containing medium is recommended for the isolation of fastidious strains. In cases of apparent systemic disease, primary isolation should be made from the kidney. For fish exhibiting skin lesions, material from the outer edges of the lesions should be inoculated into the bacteriological medium (the central areas of open ulcers are often contaminated with opportunistic organisms). For the identification of atypical *Aeromonas salmonicida* isolates, refer to Holt et al. (1984) or one of the references below. The most common characteristic differentiating atypical *Aeromonas salmonicida* from typical strains is a lack of (or delayed) production of brown diffusible pigment in culture. Atypical isolates also differ from typical isolates in other characteristics such as the ability to ferment certain carbohydrates, but the differences observed will depend upon the atypical isolate tested (Austin and Austin 1987). Immunological procedures such as the FAT or modified agglutination tests can be used for confirmatory identification of atypical isolates as *A. salmonicida* (see Section 1, 1.2.7 Furunculosis).

References


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