



Floppy Kid Syndrome

presented by Joan Rowe at the 2005 ADGA convention

Floppy kid syndrome first appeared in 1988 and, although much initial research was done, we still don't know what causes this to happen. This disease is characterized by a profound metabolic acidosis—what is that? Well, normally your body had a neutral pH. When this disease occurs your blood stream becomes to acidic.

Kids affected with this syndrome are usually affected between 3—10 days of age. They are normal at birth and for the first few days of life appear perfectly happy and healthy. When the syndrome hits them they get profoundly weak and have a flaccid paresis or paralysis. (This means that when you pick them up they just flop—there is no muscle tone!) The first signs that we often see is a lingual paralysis (the tongue won't work.) When you try to give them a bottle the tongue doesn't wrap around the nipple correctly. These goats can swallow but cannot suckle. You may just notice that they don't eat as much or as aggressively as normal. If you pick the kid up, his muscle tone will feel diminished; he will not feel as "tight." These kids do not have any other symptoms than the paralysis or weakness—there is no diarrhea, no dehydration, no abdominal distention (swelling) no labored breathing.

There are other diseases that must be considered if you think your kid has this problem. When we are trying to diagnose a problem we should think about all of the possible causes. These possible causes are called differential diagnosis. The differential diagnosis for floppy kid syndrome must include:

- White muscle disease
- Enterotoxemia/pulpy kidney
- Colibacillosis
- Abomasal bloat
- Septicemia
- Hypoglycemia
- Starvation
- Hypothermia
- Severe Bronchopneumonia

You can rule most of these other diseases out because of the fact that paresis/paralysis is the **only** symptom we see with floppy kid syndrome.

How do we treat this syndrome? The funny thing about this syndrome is that some kids recover without any intervention and others will die. Early detection of the syndrome is very important to the survival of some kids. We have to correct the acid/base status of the kid. This is done with oral bicarbonate—baking soda! Severely affected kids may need further supportive care such as IV fluids. You must be careful with baking soda. If you give it to kids in the milk, it will prevent the milk from forming a curd in the kid's stomach and the milk will go straight through the intestines. This will cause an osmotic

diarrhea—osmotic means that the milk will cause more body fluid than normal to go into the intestines and that will come out as diarrhea. The way to give bicarbonate (baking soda) is mixed in water. Most kids will do well with ½-1 tsp mixed in 1 cup of water. Feed this in a bottle if you can or put it into the stomach with a tube. For the next 12 hours give him pedialyte or other electrolyte solution and then you can begin feeding milk again. Some folks like to give pepto bismol. There is no known reason why this might work although it is a very weak base, it is not absorbed through the gut. It does have a coating action and may prevent absorption of possible toxins from the gut into the body.

Because the disease is so easily treatable, it is doubtful that money will be put into research to determine its cause. It is unlikely that we will ever find out why this happens. Be aware of the syndrome and be prepared to treat it early.