

OESOPHAGEAL CHOKE BY A BONE IN A DOG – A CASE REPORT

Ramesh Rathod, A. S. Patil, L. Ranganath and B. N. Nagaraja
Department of Veterinary Surgery and Radiology, Veterinary College, Bangalore-24

Oesophageal obstruction in dogs is caused due to ingestion of nondigestible foreign materials such as chicken bone, fish hooks, vertebrae, stones or pieces of wood sticks in different segments where the oesophagus cannot dilate and move the object. In dogs obstruction is usually found at the thoracic inlet, base of the heart or oesophageal hiatus of the diaphragm, but in the present case bone was causing obstruction at cervical oesophagus. Kyles (2003) reported that the common site of lodgement of oesophageal foreign body in dogs is thoracic inlet, at the level of base of heart and epiphrenic area. Hari Krishna *et al.*, (2011) reported oesophageal obstruction at the level of fifth cervical vertebra without any appreciable dilatation proximal to the site of obstruction except some gas filled area in a eight year old Pomeranian dog. Present paper deals with cervical oesophageal obstruction and its management.

Case History and Observations

A eight month old Female dog was presented to the Veterinary College Hospital, Bangalore with a history of anorexia, increased salivation, odonophagia, retching since two

days and not responding to the medical treatment. Owner also mentioned that the dog was fed with non vegetarian diet two days back. On physical examination animal was having high fever, other parameters like heart rate, respiratory rate were within normal range. On cervical oesophageal palpation abnormal hard structure was felt which was confirmed by radiograph (Fig. 1). Therefore, it was decided for retching the obstruction.

Treatment and discussion

Dog was premedicated with Atropine sulphate @ 0.045 mg/kg body weight subcutaneous, pre-emptive analgesia with pentazocin @ 1 mg/kg intramuscular, tranquillization with triflupromazine @ 1 mg/kg intravenous. After 10 minutes Anaesthesia was induced with 2.5% thiopental intravenously. Dog was restrained in right lateral recumbency. Tongue was pulled out by opening the mouth for visualization of foreign body. Throat forceps was inserted slowly into the oesophagus. Bone piece was located and taken out by gently under C-arm guidance (Fig. 2). Retrieval of foreign body resolved the symptoms and the dog made uneventful recovery.

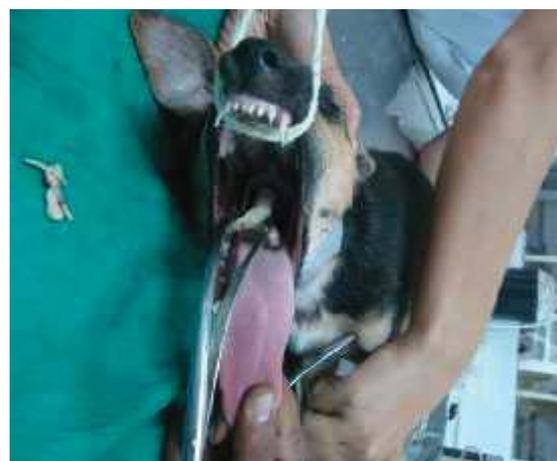


Fig. 1 – Survey radiograph showing the foreign body. Fig. 2 - Per os retrieval of bone piece.

Sreenu *et al.*, (1998) reported sewing needle in the oesophagus of a three year old Pomeranian dog. Michael and Laura (2008) reported that oesophageal obstruction is

common in small dogs with signs of vomiting, anorexia and lethargy which are in line with the present case. Although Houlton *et al.*, (1985) opined that cervical oesophageal foreign bodies

should not be pulled out blindly and could be better managed by surgical inventions but in present case utmost care was taken to avoid damage to the oesophageal mucosa, and to avoid the esophagotomy and prolonged post operative management.

Summary

An unusual case of cervical oesophageal obstruction in dog and its successful management is reported.

References

Hari Krishna., N. V. V., Devi Prasad., V.

and Sreenu., M. (2011). *Indian Vet. J.* **88(7)**: 64-65.

Houlton, J. E. F., Herrtage., M. E., Taylor., P. M. and Watkins., S. B. (1985). *J. Small Anim. Pract.* **26**: 521.

Kyles., A. E. (2003). Oesophagus. In: Text book of Small Animal Surgery. 3rd Edn. Saunders, USA, pp.582.

Micheal., S. L. and Laura Lee., S. (2008). *J. Am. Vet. Med. Assoc.* **232**: 1021.

Sreenu ., M. Rao., K. V. and Ramakrishna., O. (1998). *Indian. J. Vet. Surg.* **19(1)**:50.

#####