

SURGICAL MANAGEMENT OF A PENETRATED FOREIGN BODY IN A DOG

A. Anirudh¹, Ramesh Rathod² and L. Ranganath³

¹PhD Scholar, ²PhD Scholar, ³Professor and Head, Department of Veterinary Surgery and Radiology, Veterinary College, Karnataka Veterinary Animal and Fisheries Sciences University, Veterinary College, Hebbal, Bangalore-24.

A Six year old Male Non descript dog was presented to the Veterinary College Hospital, Bangalore with a history of anorexia and vomition since one week and not responding to the medical treatment. On abdominal palpation a hard mass was felt at cranial abdomen and intestinal loops appeared distended. Survey radiography of lateral abdomen revealed radiodense mass in the cranio-ventral abdomen. Exploratory laparotomy revealed a bone piece in the jejunum.

Key Words: Enterotomy, Exploratory Laparotomy, Intestinal obstruction

Introduction

Intestinal obstructions are common in dogs and it can occur in any part of the intestinal tract, but most often in small intestine due to its narrow lumen (Patsikas, 2004). Ingestion of various foreign bodies like socks, stones, washing brush, toys, bone pieces, plastic ball leading to intestinal obstruction were reported in dogs (Ledecy *et al.*, 2001). Survey radiograph is useful in detecting radio opaque materials and contrast radiography is necessary in case of radiolucent foreign bodies. This report describes a case of successful surgical management of intestinal obstruction caused by a bone piece.

Case History and Observations

A Six year old Male Non descript dog was presented to the Veterinary College Hospital, Bangalore with a history of anorexia and vomition since one week and not responding to the medical treatment. On abdominal palpation a hard mass was felt at cranial abdomen and intestinal loops appeared distended. Temperature, Heart rate, Respiratory rate were within normal range. Survey radiography of lateral abdomen revealed radiodense mass in the cranio-ventral abdomen (Fig.1). It was decided for exploratory laparotomy.



Fig. 1- Radiograph showing radiodense mass in Cranio-ventral abdomen



Fig. 2- Retrieval of bone piece by enterotomy Retrieval of bone piece by enterotomy

Treatment and Discussion

Dog was prepared for aseptic surgery and premedicated with Atropine sulphate @ 0.04 mg/kg body weight subcutaneously and Triflupromazine hydrochloride @ 1 mg/kg body weight intravenously. After 10 minutes, animal was anesthetized with 2.5% Thiopentone sodium at dose rate of 25 mg/kg body weight given to effect. Cranial midline laparotomy was performed and on exploration

of intestine, a hard mass was found in jejunal part. Enterotomy was performed at the antimesentric border and mass was retrieved (Fig.2,3,4&5). The foreign body was a Bone piece. The intestinal lumen was closed with 2-0 chromic catgut by simple interrupted pattern and abdomen was lavaged with warm normal saline. The abdomen was closed by using No.1 polyglactin 910, subcutaneous tissue by simple

continuous using No.1-0 chromic catgut and skin was approximated by horizontal mattress

sutures using No.1-0 polyamide.



Fig. 3,4&5 – Retrieval of bone piece by enterotomy

Post-operatively, ceftriaxone (20mg/kg) was given for 7 days intramuscularly BID. The animal was maintained on parenteral alimentation with ringers lactate 300 ml and Dextrose 5%, 300 ml daily twice along with Metronidazole 100 ml intravenous for three days. Animal was allowed for liquid diet on 4th post-operative day and solids on 7th post-operative day. Skin sutures were removed on 10th post-operative day and animal recovered uneventfully. Ettinger *et al.*, (2000) reported foreign bodies in the intestine cause partial or complete obstruction and also led to severe inflammation, mucosal laceration and pressure necrosis but in present case the marble was causing complete obstruction of intestine with no other damage.

Summary

A case of intestinal obstruction caused by Bone piece in a dog and its successful management is reported.

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