SURGICAL MANAGEMENT OF LARGE Sized EPULIS IN A NON-DESCRIPT DOG

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Introduction
Oral cavity in dogs has been reported to be affected by various proliferative lesions ranging from epulides, squamous cell carcinoma, malignant melanoma and fibrosarcoma (Baker et al., 1993). However, epulis is one of the most frequently reported proliferative lesions which is a benign gingival exophytic proliferation derived from periodontal ligament or connective tissue (Dubielzig, 1982; Jones et al., 1997; Brown et al., 2007). Epulis has been further classified as fibromatous, ossifying and acanthomatous on the basis of histological appearance (Yoshida et al., 1999). Generally epulis is slowly growing, solid and firmly attached mass over the gums but sometimes pedunculated masses may also be observed (Oakes et al., 1993; Withrow, 1996). The present communication describes surgical management of an unusually large epulis in a dog.

Case History and Clinical findings
A mongrel male dog aged 8 years and weighing 18 kg was presented with a complaint of unusual growth on gum since 2 months on its left upper gum region (Fig.1). The animal showing symptoms of bleeding from the offending mass after taking food and the mass was gradually increasing day by day leading to further aggravation of the condition and gradually reduction in appetite. The animal also used to lick the growth throughout the day leading to discharge of blood tinged fluid from the gum region. Clinical examination of oral cavity revealed a cauliflower like mass attached to the gum near maxillary second premolar tooth. The case was tentatively diagnosed as a case of epulis and surgical management was planned accordingly to remove the offending mass under general anaesthesia.

Surgical procedure
The animal was premedicated with atropine sulphate @ 0.04 mg/kg body wt. IM followed 10 minutes later by xylazine hydrochloride @ 1 mg/ kg body wt. IM and subsequently ketamine hydrochloride @ 10 mg/kg body wt. IM. A venous port was established for administration of 5% Dextrose normal saline and incremental doses of ketamine hydrochloride during surgical procedure. The patient was restrained...
in lateral recumbency with affected gum facing upward with mouth kept open with help of a mouth gag. The oral cavity was flushed with chlorhexidine solution diluted with normal saline to clear off accumulated food particles and bloody discharge from the mass. The stump of mass was ligated close to gum region with help of silk No. 2 applied just like transfixation followed by careful excision of mass keeping the knot in secure position (Fig. 2). Oozing type of bleeding was observed which was managed by application of adrenaline soaked swab.

Post-operatively regular flushing of mouth was advised with chlorhexidine solution diluted with normal saline. Broad spectrum antibiotic (ceftriaxone @ 20 mg/ kg body weight) for 5 days and analgesic (meloxicam @ 0.2mg/ kg body weight) for 3 days were advised. The patient was advised for liquid diet for 5 days followed by feeding blend diet for another 5 days. The patient recovered uneventfully and regained its normal appetite and mastication within 2 weeks of surgery.

Discussion

Fibromatous and ossifying epulides can be treated with conservative surgical excision, whereas acanthomatous epulides require aggressive wide surgical excision such as mandibulectomy or maxillectomy (Withrow, 1996). However, in present case, conservative surgical correction led to complete recovery thereby giving an indication that it may be fibromatous epulides. Recurrence was also not reported in the present clinical situation. In case of any recurrence of such type of epulides, electrocautery or cryosurgery can be used to sterilize the bed of the tumour from any neoplastic cells (White, 1991). Healing of wounds in oral cavity remains to be a challenging job in veterinary practice and to promote healing minimum mastication or movement of jaws is always advisable. Hence, the dog was kept on liquid diet so as to involve more use of tongue for taking food which gave fruitful outcome in present clinical situation.

References


