

SUCCESSFUL SURGICAL MANAGEMENT OF UNUSUAL CAUDAL PHARYNGEAL OBSTRUCTION IN A DOG

L.Ranganath and V.Mahesh

Department of Veterinary Surgery and Radiology, Veterinary College, KVAFSU, Bangalore

Introduction

The most common cause of esophageal obstruction in small animals is ingestion of foreign bodies (Slatter, 1993). The common foreign bodies includes bone, wood piece, cloths, glass beads, plastic paper and hard objects, of which bone is the most common (Fingeroth, 1993). Foreign bodies routinely obstruct the esophagus of small animals (Easom, 1983). The metallic sharp objects if swallowed, becomes a serious concern due to their sharp nature and ability to get easily struck in the pharynx or esophagus and also some time in stomach (Larsen and Bellenges 1974). In the present case, diagnosis of esophageal obstruction caused by a sewing needle and its non surgical removal is reported.

Case History

A two year old spitz male dog was presented to the Veterinary College Hospital, Bangalore with a complaint of retching, dysphagia and cough with developing soft swelling at ventral neck region for past four days. Lateral neck radiograph revealed sewing needle

at pharynx (Fig. 1). It was decided to remove immediately.

Treatment

The ventral neck region was prepared for surgery and animal was premedicated with atropine sulphate at the dose rate of 0.04 mg / kg body weight subcutaneously and Triflupromazine hydrochloride at the dose rate 1 mg / kg body weight given intravenously. After 10 minutes, 2.5% solution of Thiopentone sodium at the dose rate 25 mg / kg body weight was administered to induce and maintain general anesthesia. Later an attempt was made to remove the needle percutaneously but it failed due to the sharp tip pointing towards spine and blunt end towards skin. Further, attempt was made to remove through peros pulled. The long needle holder was passed inside the pharynx and needle was manipulated and removed through the mouth along with thread (Fig. 2). Post-operatively, Ceftriaxone was administered at the dose rate of 20 mg/kg body weight intramuscularly and meloxicam 0.3 mg/ kg body weight intramuscularly for 5 days. The animal made an uneventful recovery.



Fig. 1: Radiograph showing sewing needle in pharyngeal region.



Fig. 2: Sewing needle with cotton thread removed from pharynx

Discussion

In the present case the foreign body was sharp sewing needle which was identified on a plain radiography. A careful oral manipulation, it was removed per os with damaging the ventral soft tissues. Removal of sewing needle from the stomach of dog without gastrotomy is reported by Ranganath and Vasanth, 1985, similar way was adopted in present case to avoid esophageal trauma or surgery. Surgical procedures of esophagus often results into complications due to poor healing ability of esophagus, because it lacks serosa and presence of vital anatomical structures surrounding the esophagus.

References

Easom, M.G. (1983). Oesophagus In current techniques in small animal surgery, ed

Bojrab M. G. p. 129.

Fingerroth, J.M (1993). *Surgical diseases of esophagus*. In: Textbook of Small Animal Surgery, edn 2, Vol. I, Slatter, D. H. (Ed). W. B. Saunders Company, Philadelphia, pp 534-549.

Larsen, L.H and Bellenges, (1974). *Canine Surgery*. 2nd Archibald Edn. Americal Veterinary Publications Incorporation, California. pp 559.

Ranganath B.N and Vasanth M.S (1985). Surgical recovery of an accidentally ingested sewing needle in a dog. *Indian Vet. J.* **62**: 715

Slatter, D (1993). *Surgical diseases of esophagus*. In. Text book of Small Animal Surgery. W.B. Saunders, Philadelphia. p. 543.
