

# RETRIEVAL OF CORN COB FROM THE INTESTINE OF DOG – TWO CASE REPORTS

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Intramural obstruction of the intestine may be as a result of bolus of incompletely digested food, dehydrated faeces or an ingested foreign body due to indiscriminate eating habits of pet animals (Ellison, 1990). The radiograph is still good for diagnosis of intestinal obstruction due to foreign bodies like stone, plastic bottle cap, trichobezors etc. (Gibbs and Pearson, 1973; Singh *et al.*, 2004). The intestinal obstruction often can be identified on careful physical examination of abdomen. Radiographic examination clearly depicts the obstructing radio-opaque foreign body and in case of radio-lucent foreign bodies contrast helps in confirming the intestinal obstruction (Raghavender *et al.* 2008). The present paper reports, the successful surgical management of intestinal obstruction caused by corn cob in two dogs.

A two year old male German Shepherd dog (Case. 1) was presented to the Veterinary College Hospital, Bangalore with a history of chronic vomiting and dyschezia since four days and another Great Dane dog two years of age (Case. 2) was presented with the similar complaint. Animals were kept on hydration and antibiotics. The survey radiographs did not clearly demonstrate the intestinal obstruction except for gas filled intestines. The 12 hr Barium Intestinal Transit Time study revealed complete stasis of barium in the small intestine and demarcation of foreign body surface (Fig. 1) suggestive of intestinal obstruction in both the cases. Hence, both the animals were subjected to exploratory laparotomy.



**Fig.1:** Radiograph demonstrating barium filled intestine with foreign body in the intestine (Case 1&2).

The dogs were prepared for coeliotomy with premedication of atropine sulphate @ 0.04 mg / kg body weight subcutaneously and Triflupromazine hydrochloride @ 1 mg / kg body weight given intravenously. After 10 minutes, 2.5% thiopentone sodium was administered to

induce general anesthesia at the dose rate of 25 mg / kg body weight given to effect. Coeliotomy was performed. Abdominal cavity was explored and the intestinal loop containing a mass was palpated and exteriorized out of abdominal cavity (Fig. 2). Enterotomy was performed at the

antimesentric border and the mass was exposed (Fig. 3). It was gently pulled out with the help of forceps. After removal, it was found to be corn cob in both the cases. The intestine was closed with 2-0 chromic catgut by placing simple interrupted sutures. The abdomen was lavaged with warm normal saline and about 250 mg of metronidazole solution was placed into the abdominal cavity. The abdomen wall was

approximated with simple interrupted sutures using No. 1 Polyglactin 910 (Vicryl No 1, Johnson and Johnson, Aurangabad) and subcutaneous tissue by simple continuous using No. 1-0 chromic cat gut and skin edges were approximated by horizontal mattress using No. 1-0 polyamide (Linex, Futura Surgicare Pvt. Ltd., Bangalore).



**Fig.2:** Enterotomy showing the intraluminal foreign body (Case 1&2).

Post-operatively, ceftriaxone (Intacef, Intas pharmaceuticals Ltd., Ahmedabad) at the dose rate of 20 mg/kg body weight was administered intravenously for 7 days. The animals were maintained on parenteral alimentation with Ringer's lactate and 5% dextrose administered twice daily for three days along with 250 mg of

metronidazole intravenously. Animals were allowed to take water and liquid diet by 4<sup>th</sup> post-operative day and solid food by 7<sup>th</sup> post-operative day. Skin sutures were removed on 10<sup>th</sup> post-operative day. Both the animals made an uneventful recovery.



**Fig.3:** Foreign body removed through enterotomy (Case 1&2).

Ingestion of foreign bodies is more frequent in pure breed dogs (83.74%) than in mongrels. The main symptoms of intestinal obstruction caused by ingested foreign bodies noted in 70% of patients were anorexia, vomition, dehydration, depression, absence of faecal discharge, abnormal appetite and increased abdominal wall tension as reported by Capak *et al.*, (2001). The radio-opaque foreign bodies like stone, hair balls and faecal balls are readily visualized and offered no diagnostic challenge, but radiolucent foreign bodies like plastic bottle cap presents a difficult diagnostic challenge (Raghavender *et al.*, *loc. cit.*). In the present cases survey radiographs did not demonstrate the foreign body and the contrast radiographs helped in diagnosis of intestinal obstruction tentatively and confirmatory diagnosis was made by exploratory laparotomy. Among the various types of intestinal obstructions occurring in small and large intestine, a rare case of intestinal obstruction due to corn cob was surgically managed successfully.

## References

- Capak, D., Brkic, A., Harapin, I., Maticic, D. and Radisic, B. 2001. Treatment of the foreign body induced occlusive ileus in dogs. *Veterinarski Arhiv*. **71 (6)**: 345-359.
- Ellison, G. W. 1990. Enterotomy in current techniques in small animal surgery. Edited by Joseph Bojrab. 3<sup>rd</sup> edition, Lea and Febiger, Philadelphia.
- Gibbs, C. and Pearson, H. 1973. The radiographic diagnosis of gastrointestinal foreign body obstruction in a dog. *J. Small Anim. Pract.* **14**: 61-82
- Raghavender, K.B.P., Madhava Rao, T and Bharati, S. 2008. Abdominal radiography for diagnosis of intestinal obstruction in dogs: a report of seven cases. *Indian J. Vet. Surg.* **29(1)**: 37-39.
- Singh, H.N., Jaiswal, S., Singh, S. V. and Singh, B. 2004. Successful surgical Management -t of unusual intestinal obstruction by a feeding bottle nipple. *Indian J. Vet. Surg.* **25**: 59.

