

Surgical Management of Choke Due To Leather Piece in a Pregnant Buffalo - A Case Report

ABDUL KHYUM N.M¹, PITLAWAR S.S², CHAUDHARI K.S³, BORAKHEDE S.S⁴
^{1,4}MVSC Scholar, P. G. First Year, Dept. Of VSR, College of Veterinary and Animal Sciences
^{2,3}Assistant Professor (VSR), College of Veterinary and Animal Sciences

Abstract- Ten year old, five months pregnant buffalo weighing 360 kg was admitted to Dept. of Veterinary Surgery and Radiology, College of Veterinary and Animal Sciences, Udgir, with the history of difficulty in drinking water and coughing. On palpation, hard object in esophagus was revealed. Radiological examination revealed, presence of radiodense firm object in the mid cervical region of oesophagus that confirmed choke. Hence oesophagotomy was planned. Animal was casted on right lateral recumbency and restrained securely. Local anaesthesia, was achieved with 2% lignocaine infiltration at the surgical site. Aseptic surgery was carried out by incising skin parallel to esophagus in jugular furrow. The fascia, stenocephalic muscles and stenothyroid muscles were dissected and approached the foreign material and removed by oesophagotomy. Esophagus was sutured using monocryl No.2-0 in simple interrupted pattern and wound closed in routine manner. Post-operative treatment care was done for five days with administration of antibiotics and daily dressing of wound was carried out. Skin sutures were removed on 10th post-operative day and animal showed uneventful recovery. Follow up on 90 days revealed healthy live fetus on per rectal examination.

Indexed Terms- Esophagotomy, Choke, Monocryl, Murrah, Polythene.

I. INTRODUCTION

Acute or complete obstruction of oesophagus in buffalo is condemned as emergency because it prohibits the eructation of ruminal gases that leads to gases ruminal tympani. Female buffaloes are more susceptible for oesophageal obstruction than males (Marzok et al, 2015). The intraluminal oesophageal obstruction, commonly known as choke, may occur

in buffaloes due to vegetables, fruits and phytobezoars (Tyagi and Singh, 1999), pieces of leather or rubber (Salunke et al., 2003) and Cloth or rexin material (Sivaprakash et al., 1998 and Sivaprakash, 2003).

Cervical oesophageal obstruction can be relieved through oral cavity by using mouth gags and forceps. Surgery is primarily indicated where conservative treatment is not possible (Meagher and Mayhew, 1978). In the cervical part, the esophageal lumen appears trumpet shaped, and obstruction is common in the cervical part of the oesophagus (Venugopalan, 1997). Oesophageal obstructions in bovine commonly occur at the pharynx, the cranial aspect of the cervical oesophagus, the thoracic inlet, or the base of the heart (Choudhary et al., 2010). The present study reports case of surgical removal of leather piece from the oesophagus in pregnant buffalo.

- Case: - A ten year old pregnant Murrah buffalo of five month pregnancy, weighing 360 kg, was admitted to the department of Veterinary Surgery and Radiology, College of Veterinary and Animal Sciences, Udgir. The animal showed history of anorexia, coughing, excessive salivation and mild tympani. Hard swelling was palpated on mid cervical oesophagus. Radiological examination revealed, presence of radio dense object in mid cervical region of esophagus was found difficult to dislodge the foreign body with manual manipulation and with probang hence decided for oesophagotomy.
- Surgical Treatment:-Animal was casted on right lateral recumbency and surgical site was prepared aseptically. . Premedication with Inj. Flunixin Meglumine @ 2.2 mg/kg B.wt, Inj. Chlorpheniramine maleate @ 2.5 mg/kg B.wt, Inj. Ceftriaxone @ 10 mg/kg B.wt were administered intramuscularly. Local anesthesia

was achieved with infiltration of 2% lignocaine hydrochloride at the surgical site. A skin incision was made parallel to oesophagus, the stenocephalic muscles and stenozyoidus muscles were dissected to exteriorize the oesophagus. Incision was made on healthy part of oesophagus below the obstruction. The obstructed material was removed, and was found to be leather piece moulded into folds. The oesophagus was sutured with monocryl No.2-0 by simple interrupted pattern. Further the muscles were sutured using vicryl No-1. The skin was sutured using nylon by simple interrupted pattern. Post-operative care was carried out for five days with Inj. Flunixin Meglumine @ 2.2 mg/kg B.wt, Inj. Chlorpheniramine maleate @ 2.5 mg/kg B.wt, Inj. Ceftriaxone @ 10 mg/kg B.wt given intramuscularly and dressing of wound was done regularly. Fluid therapy was done based on dehydration for seven days. Animal was kept off feed for five days followed by liquid diet. Animal showed uneventful recovery and the skin sutures were removed on 10th day post operatively.

II. RESULTS AND DISCUSSION

A leather piece of size 16 cm length and 4 cm width, weighing 60 grams and moulded into folds was removed during oesophagotomy. The buffalo was under observation till healing of surgical wound. No post-operative complications were noticed.

In the present report, obstruction was caused by a leather piece at the cervical region and was managed successfully by surgical approach.

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