CASE REPORT

Surgical Management of Choke Due to Trichobezoar in a Buffalo

Manoj K. Ahirwar¹, Sunil Tumariya², Deepesh Gautam^{3*}, Alka Suman⁴

Ind J Vet Sci and Biotech (2021): 10.21887/ijvsbt.17.3.24

oreign body syndrome in bovines is a matter of concern in different veterinary practices all over the world. Oesophageal obstruction can be intra-luminal or extraluminal. Intra-luminal oesophageal obstruction may occur due to vegetables, phytobezoars (Krishnamurthy et al., 1997; Tyagi and Singh, 1999), trichobezoar (Patel and Brace, 1995), tricho-phytobezoar (Gangwar et al., 2013), pieces of leather or rubber (Salunke et al., 2003), coconut (Madhava Rao et al., 2009) or palm kernels (Hari Krishna et al., 2011), Fatality and risk associated with complete oesophageal obstruction in ruminants results from the inability of fermentative gases to escape the rumeno-reticulum opening (Borakhatariya and Gadara, 2017). The primary indication for oesophageal surgery in large animals is to relieve esophageal obstructions (choke) which have not responded to conservative treatment (Meagher and Mayhew, 1978). In this paper a case of oesophageal obstruction due to phytobezoar in a buffalo and its surgical management has been discussed.

CASE HISTORY AND CLINICAL OBSERVATION

A five-year-old buffalo was presented at State Veterinary Hospital, Bhopal with a history of anorexia, dysphagia and salivation, and swelling at the mid-cervical region for 4 days. Clinical parameters were within the normal limits. Physical examination revealed an immovable hard mass at the middle of the cervical oesophagus. There was an absence of rumination with partial bloat and dehydration with shrunken eyes and pain during palpation over the swelling. Based on the examinations and history, the case was diagnosed as cervical oesophageal obstruction or choke. Manual efforts to dislodge the obstruction was failed and hence surgical intervention oesophagotomy was planned.

TREATMENT AND **D**ISCUSSIONS

Animal was given fluid therapy ie. 3 liter 5% DNS and Ringers lactate 2-liter i/v. The animal was secured in right lateral recumbency, and the area surrounding the hard mass was prepared for aseptic surgery. Sedation was achieved by xylazine hydrochloride @ 0.01 mg/kg body weight i/m and local analgesia was achieved by the local infiltration of 2% Lignocaine hydrochloride cranio-dorsal to the proposed

¹Department of Veterinary Surgery & Radiology, College of Veterinary Science & Animal Husbandry, JNKVV, Jabalpur (MP), India

²State Veterinary Hospital, Bhopal (MP), India

³Veterinary Hospital, Khannaudhi, Shahdol (MP), India

⁴Department of Veterinary Anatomy, College of Veterinary Science & Animal Husbandry, JNKVV, Mhow (MP), India

Corresponding Author: Deepesh Gautam, Veterinary Hospital, Khannaudhi, Shahdol (MP), India, e-mail: gautamdeepesh87@gmail. com

How to cite this article: Ahirwar, M.K., Tumariya, S., Gautam, D., & Suman, A. (2021). Surgical Management of Choke Due to Trichobezoar in a Buffalo. Ind J Vet Sci and Biotech, 17(3): 103-104.

Source of support: Nil

Conflict of interest: None.

Submitted: 11/01/2021 Accepted: 26/06/2021 Published: 16/08/2021

site of the incision. A 7-8 cm long skin incision was given over the obstruction to expose the muscle layer over the oesophagus. Muscles were separated and the oesophagus was exteriorized and secured well. About 6 cm longitudinal incision was made proximal to the mass at the dorsal aspect of the oesophagus and the trichobezoar ball was removed gently by squeezing towards the incision site (Fig. 1). An



Fig. 1: phytobazor retrieved upon surgery.

[©] The Author(s). 2021 Open Access This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

oesophageal incision was repaired by suturing the mucous membrane by continuous Connell suturing pattern by using catgut no. 1 with knot inside the lumen. Other layers were sutured in a routine manner.

Post-operatively, the animal was administered antibiotic Inj. Wouter-S (ceftriaxone and sulbactum) 4.5 gm and 15 ml of Inj. Melonex (meloxicam) i/m for 5 and 3 days, respectively, and was maintained on the intravenous fluid therapy (Ringer's lactate and 5% DNS) for 3 days. A soft semisolid diet was gradually started from 4th post-operative day. Antiseptic dressing of the suture site was done with povidone iodine solution. For two more days meager salivation was noticed. Sutures were removed on 12th post-operative day, and the animal recovered uneventfully.

Sreenu and Sureshkumar (2001) reported successful surgical management of oesophageal obstruction by tarpaulin cloth in a buffalo calf. Vishwanatha *et al.* (2012) successfully performed the oesophagotomy and manage the cervical choke caused by a mango kernel in a cow. Gangwar *et al.* (2013) successfully relieved the choke due to smooth and round tricho-phytobezoar by oesophagotomy in a crossbred cow in standing position. In the present case, trichobezoar was rough and composed of hairs, wires, polythene pieces etc. Therefore surgical intervention as early as possible was must to save the animal's life.

REFERENCES

Borakhatariya Devasee, & Gadara, A.B. (2017). Surgical management of choke through oesophagotomy in a buffalo: A case report. The Indian Journal of Veterinary Sciences & Biotechnology, 12(3), 73-74.

- Gangwar, A.K., Devi, K.S., Singh, A.K., Yadav, N., Katiyar, N., Kale, S.S., Patel, G., & Singh, H. (2013). Surgical management of choke by a trichophytobezoar in a crossbred cow. *Journal of Veterinary Advances*, 3(3), 135-138.
- Hari Krishna N.V.V., Sreenu, M., & Bose, V.S.C. (2011). An unusual case of oesophageal obstruction in a female buffalo. *Buffalo Bulletin*, 30(1), 4-5.
- Krishnamurthy, K., Prasad, V., Radhakrishna Murthy, P., Janardhana Rao, T.V., & Sreenu, M. (1997). Choke due to phytobezor in a crossbred cow - A case report. *Indian Journal of Veterinary Surgery, 18*, 107-108.
- Madhava Rao, T., Bharti, S., & Raghavender, K.B.P.. (2009). Oesophageal obstruction in a buffalo: A case report. *Intas Polivet*, *10*, 1-3.
- Meagher, D.M., & Mayhew, I.G. (1978). The surgical treatment of upper oesophageal obstruction in the bovine. *Canadian Veterinary Journal*, 19, 128-132.
- Patel, J.H., & Brace, D.M.. (1995). Esophageal obstruction due to a trichobezoar in a cow. *Canadian Veterinary Journal*, *36*, 774-775.
- Salunke, V.M., Ali, M.S., Bhokre, A.P., & Panchbhai, V.S. (2003). Oesophagotomy in standing position: An easy approach to successful treatment of oesophageal obstruction in buffalo: A report of 18 cases. *Intas Polivet*, *4*, 366-367.
- Sreenu, M., & Sureshkumar, R.V. (2001). Obstruction of oesophagus by tarpaulin cloth in a buffalo calf. *Indian Veterinary Journal*, 78, 243-244.
- Tyagi, R.P.S., & Singh Jit (1999). *Ruminant Surgery*. 1st Edn., CBS Publishers and Distributers, New Delhi, India. pp 192.
- Vishwanatha, B., Ranganath, L., Mahesh, V., & Rathod, R. (2012). Choke in a cow - A case report. *Veterinary World*, *5*(1), 40.

