

SURGICAL MANAGEMENT OF COMPLICATED FOREIGN BODY SYNDROME IN SHE-BUFFALO A CASE REPORT

Dinesh Dehmiwal, Rammehar Singh, Madan Pal, R.N. Choudhary and Sandeep Potliya

Department of Veterinary Surgery and Radiology,

College of Veterinary Sciences, LUVAS Hisar-125 004

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Corresponding Author : drmadanlega@gmail.com

Recurrent rumen tympany is common disease of fore stomach like foreign body syndrome, diaphragmatic hernia and traumatic reticulitis and resulted in heavy economic losses due to sharp drop in milk yield and cost of treatment (Schweizer et al., 2005). Functional reticulo-omasal and pyloric stenosis, trichobezoars and phytobezoars, liver abscess and enlarged mediastinal lymph nodes pressing the oesophagus have also been observed to cause recurrent tympany in bovine. For temporary relief from tympany there are several invasive and non-invasive methods. The most common practice is to insert a trocar and cannula or a 6-8 inches long 16 G hypodermic needle in the rumen through left para-lumbar fossa. The non-invasive methods include giving the antibloat preparations per orally. Sometimes at field level the vets and paravets perform irrationally to relieve tympany which leads to occurrence of such cases.

CLINICAL SIGNS

An adult she buffalo was presented with a history of inappetance, decreased water intake and recurrent tympany since 7-8 days to the TVCC, LUVAS, Hisar. An artery forceps was stabbed into rumen two days ago by local quacks to relieve acute tympany, which further led to formation of rumen fistula. Blood samples were collected for haematological examination.

TREATMENT AND DISCUSSION

Emergency laparo-rumenotomy was performed by standard procedure as reported by Purohit et al. (2015). The incision was given cranially to the stabbed artery forceps. The rumen was adhered severely with the peritoneum and the ruminal contents were oozing out into the abdominal cavity. The artery forcep was removed before fixing the rumen wall. The ruminal contents were evacuated and the reticulum was explored for the presence of any foreign bodies. A reticular abscess, on the medial reticular wall, was drained and two metallic nails embedded into reticular wall was recovered. The abscess was flushed with tap water with the help of irrigator to drain out whole of its contents. Laxatives and rumen probiotics were kept in rumen. The necrosed rumen wall was excised out. Rumen and laparotomy incisions were closed in standard manner using chromic catgut (#3). Skin incision was closed by horizontal mattress sutures using non-absorbable suture material. Post-operatively, the animal was treated with broad spectrum antibiotics, analgesics, antihistaminics, ascorbic acid and supportive fluid therapy for 7 days. The owner was advised to withhold the feed for 3 days and to offer semi-solid diet from 4th day onwards. The animal passed faeces on 48 hours after operation and showed uneventful recovery.

Rumen was adhered severely with peritoneum and body wall. Moderate to extensive reticulo-diaphragmatic adhesions were also observed. Haematological examination revealed increased nucleated cell count with a significant neutrophilia which were in accordance with the observations of Chaudhary et al. (2004), Gokce et al. (2007), Ocal et al. (2008). Neutrophilia is indicative of inflammation and infection which may be caused due to the oozing of rumen contents into the peritoneal cavity (Radostits et al., 2007). Unlike sheep and goats, cattle and buffaloes do not use their lips to discriminate between very fibrous feed and metallic objects in feedstuffs (Fubini and

Divers, 2007). Ingestion of penetrating foreign bodies results in traumatic reticuloperitonitis/ foreign body syndrome (Purohit *et al.*, 2015). Reticular abscess formation can also occur as its further complication. It is characterized by poor body condition, anorexia, tympany, reduced ruminal contractions or complete ruminal atony, persistent bloat, arched back, tense abdomen and a grunt indicating abdominal pain (Radostits *et al.*, 2007). Radiographic findings, blood picture and clinical signs should be correlated for accurate diagnosis. Surgical intervention is the only treatment in most of the cases, the animal should be treated accordingly without further deteriorating the condition.

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