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Successful surgical management of Gastric and Enteric foreign body in a 6 months Old Beagle

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Abstract

Due to their indiscriminate eating habits, dogs have a propensity to consume a variety of inedible items. A six months old beagle was brought to Eshwar animal hospital & surgical centre, Tiruppur with a history of anorexia, frequent vomiting and distended abdomen for the past three days. A palpable hard lump in the belly was noticed upon physical examination. The existence of gastric and intestinal foreign body was verified by palpation and a radiograph. An enterotomy and gastrotomy was performed to successfully remove the foreign body. A single layer interrupted suture pattern was used to close the enterotomy and gastrotomy incisions. Fluid treatment, antibiotics, analgesics, prokinetics and a limited diet were used to treat the dog after surgery. The animal showed an uneventful recovery.

Keywords: Beagle, gastrotomy, enterotomy, foreign body

1. Introduction

Dogs and cats frequently suffer from intestinal blockage, which is frequently brought on by consuming foreign objects. Dogs with big esophagi, in instance, can safely consume foreign bodies such as rubber, plastic and stones that are much larger than what can pass through their intestines. Complete or partial obstruction can result from intestinal foreign bodies; complete obstruction is usually linked to more severe clinical symptoms and quick deterioration, whereas partial obstruction may show more persistent symptoms of malabsorption and maldigestion (Papazoglou *et al.*, 2003) [5]. Depending on their size, intestinal foreign bodies might cause partial or total obstruction (Papazoglou *et al.*, 2003) [5]. Complete or partial obstruction can result from intestinal foreign bodies; complete obstruction is usually linked to more severe clinical symptoms and quick deterioration, whereas partial obstruction may show more persistent symptoms of malabsorption and indigestion. (Papazoglou *et al.*, 2003) [5]. Although there are nonspecific clinical symptoms like anorexia, vomiting, diarrhoea, abdominal pain and tiredness are frequently linked to gastrointestinal foreign bodies (Hayes, 2009) [1]. The degree of foreign body obstruction can be used to categorize obstruction (full or partial), location (proximal, middle, distal, or colonic), and pathophysiologic changes (simple, mechanical, or strangulating) (Papazoglou *et al.*, 2003) [5]. Gas and fluid build up near the obstruction causes luminal distention in cases of total simple intestinal obstruction. Maldigestion and poor nutrient absorption are linked to partial intestinal blockage, which can result in stagnant loop syndrome (Papazoglou *et al.*, 2003) [5]. The majority of obstructive non-linear intestinal foreign bodies compromise the blood supply to the intestinal segment by luminal distention, leading to intestinal wall edema, progressive necrosis, ileus and an increase in pathogenic intraluminal bacteria. These factors contribute to the breakdown of the mucosal barrier and systemic endotoxemia (Ellison, 1993) [3]. This paper presents a case of gastric and intestinal foreign body obstruction due to ingestion of plastic cup and rubber band of various sizes. This study provides an overview of surgical management of gastric and intestinal foreign body obstruction in canine patients.

Case history and observations

A six months old beagle was presented to Eshwar animal hospital and surgical centre with a history of anorexia, vomiting, lethargy with crouched position and absence of defecation.

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Upon clinical examination palpation of abdomen revealed severe pain and presence of hard palpable structure in and around stomach. Radiography revealed the presence of radiopaque foreign bodies in stomach and intestines. biochemical parameters were within normal range. Haematological parameters revealed mild leucocytosis.

Treatment and discussion

Surgical site was prepared aseptically, the dog was premedicated with inj atrophine sulphate @ 0.04mg/kg i/m, inj amoxicillin @ 12.5mg/kg i/v, inj pantaprazole @ 1mg/kg i/v, inj tribivet 2ml i/v, inj butorphanol @ 0.2mg/kg i/v, inj diazepam 0.2mg/kg iv. Anesthesia was induced with inj propofol @ 3mg/kg iv, maintenance was done under isoflurane @ 2.5%. The animal was placed in dorsal recumbency and a midventral incision was made between xiphoid till the umbilicus, subcutaneous tissues were resected and linea alba was incised and the incision was expanded. Gastric obstruction was identified and a linear incision was made on the antimesenteric border of the stomach and foreign body (plastic) was retrieved and the incision was closed in simple interrupted suture pattern using PGA 2-0. Simultaneously upon exploring, the foreign bodies in intestines were also relieved from two different sites in addition to the stomach and the incisions was closed using the PGA 2-0 in simple interrupted pattern. A thorough abdominal lavage was done using warm normal saline and metronidazole and the abdominal fluids were suctioned out. Linea was closed in simple continuous suture pattern using PGA 1-0. subcutaneous tissues and skin sutures were done in

accordance with the standard operating procedure. Postoperatively pain killer tramadol @ 1mg/kg iv was administered. Post operatively amoxicillin @ 12.5mg/kg bid iv, inj pantaprazole @ 1mg/kg iv, inj tribivet 1.5 ml iv, inj metronidazole @ 15mg/kg bid iv was also administered. Owner was also advised not to provide any food post surgically for 48 hrs. Upon regular dressings and follow up the animal recovered uneventfully. Intestinal obstruction should be considered a surgical emergency, as delayed management can result in necrosis and irreparable damage to the intestine (Das *et al.*, 2015) [8]. Foreign bodies lodged in the gastrointestinal tract can cause ulceration, hemorrhage, anorexia, dehydration, perforation, peritonitis, and can result in death if not treated in time (Anoop *et al.*, 2010) [2]. Dogs commonly ingest materials like stones, plastic, and rubber objects, and treatment is more successful in dogs below two years of age (Capak *et al.*, 2001) [7]. Complications like intra-operative spillage, wound dehiscence, or perforations in the lower small intestine or colon can lead to higher mortality rates. Puppies are most susceptible to foreign body obstruction due to indiscriminate feeding habits and the condition may also occur in adults. Balls and other smooth, round foreign bodies have the potential to completely clog the intestine and result in pressure necrosis of the intestinal wall, while sharp foreign bodies can pierce the intestinal wall and result in adynamic ileus and septic peritonitis (Papazoglou *et al.*, 2003) [5]. Diagnostic imaging modalities, such as contrast radiography, are important to rule out intestinal obstruction from other conditions (Papazoglou *et al.*, 2003) [5].

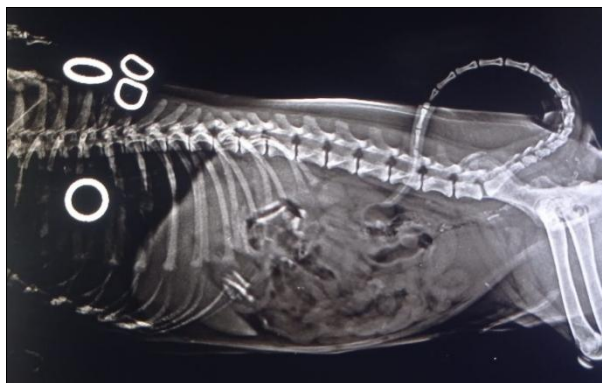


Fig 1: Radiograph Abdomen Lateral view - Presence of Radio-opaque foreign body in gastric and intestinal mucosa.



Fig 2: Removal of Foreign body (plastics, rubber band) from stomach.



Fig 3: Closure of gastrotomy site.



Fig 4: Removal of foreign bodies from duodenum.



Fig 5: Removal of Foreign bodies from jejunum.



Fig 6: Performing leak test near enterotomy site



Fig 7: Skin closure.

Conclusion

The successful surgical management of a dog's gastrointestinal blockage is described in this publication. Keeping hazardous items away from dogs and letting them chew only toys that can't be destroyed or ingested are the best ways to stop them from consuming foreign objects. Intestinal obstruction is confirmed by prompt diagnosis based on clinical symptoms, history, and diagnostic results; in order to obtain positive outcomes, rapid surgical intervention is necessary.

Conflict of Interest

Not available

Financial Support

Not available

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