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Sushma Prabhu

M.V.Sc. Scholar, Department of
Veterinary Surgery and
Radiology, Veterinary College,
Hebbal, Bengaluru, Karnataka,
India

Abhishek MC

M.V.Sc. Scholar, Department of
Veterinary Surgery and
Radiology, Veterinary College,
Hebbal, Bengaluru, Karnataka,
India

V Mahesh

Associate Professor, Department
of Veterinary Surgery and
Radiology, Veterinary College,
Hebbal, Bengaluru, Karnataka,
India

BN Nagaraja

Senior Professor and Head,
Department of Veterinary
Surgery and Radiology,
Veterinary College, Hebbal,
Bengaluru, Karnataka, India

Corresponding Author:

Sushma Prabhu

M.V.Sc. Scholar, Department of
Veterinary Surgery and
Radiology, Veterinary College,
Hebbal, Bengaluru, Karnataka,
India

Surgical management of intestinal foreign body in a geriatric dog

Sushma Prabhu, Abhishek MC, V Mahesh and BN Nagaraja

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Abstract

A 13-year-old male cross breed dog was presented to the Department of Veterinary Surgery and Radiology, Veterinary College Hebbal, Bengaluru with a three-day history of intermittent vomiting, inappetence, and lethargy. Physical examination revealed mild dehydration and abdominal discomfort. No abnormality detected on plain radiography. A barium contrast study showed retention in the small intestine with minimal progression up to 48 hours. Exploratory laparotomy was performed under general anesthesia. A mid-ventral celiotomy revealed an obstructed intestinal segment, which was isolated. Enterotomy was performed and a plastic foreign body was removed. Intestinal viability was assessed by color, arterial pulsation, and peristalsis. The enterotomy site was closed with Polydioxanone No. 2-0 suture in a simple interrupted pattern, followed by a leak test and routine closure. The patient had a stable postoperative recovery.

Keywords: Intestinal obstruction. enterotomy, foreign body, canine

Introduction

One of the most prevalent intestinal illnesses that requires immediate surgical treatment is intestinal obstruction, which can be caused by foreign bodies that are consumed by dogs and cats. Obstructions most commonly occur in the small intestine due to its narrower lumen, although foreign bodies can become lodged at any point along the digestive tract (Papazoglou *et al.*, 2003) [5]. Depending on the obstruction's location, duration, and extent, animals may exhibit varied clinical symptoms. Anorexia, depression, vomiting, and discomfort in the abdomen are observed (Aronson *et al.*, 2000) [1]. According to Papazoglou *et al* (2003) [5], typical clinical signs of intestinal obstruction include loss of appetite, dehydration, lethargy, abdominal pain or discomfort, and vomiting. Intestinal obstruction should be considered as a potential diagnosis in patients presenting with acute vomiting, persistent diarrhoea, sudden abdominal pain, or weight loss. Other possible conditions to differentiate from include acute gastritis, intussusception, acute pancreatitis, peritonitis, and parvoviral enteritis, particularly in young dogs. The present paper reports a case of intestinal obstruction due to cloth piece and its surgical management. Depending on the type of foreign object and the potential risk of gastrointestinal blockage or perforation, different treatment approaches may be advised. These may include close observation, induce vomiting, or remove the object through endoscopy or surgery (Pratt *et al.*, 2014) [6].

Materials and Methods

A 13-year-old male crossbreed dog was presented to the Department of Veterinary Surgery and Radiology, Veterinary College Hebbal, Bengaluru, with a history of intermittent vomiting, inappetence, and lethargy for the past three days. Physical examination revealed mild dehydration and abdominal discomfort on palpation. Plain radiography did not reveal any abnormality. A barium contrast study was conducted. Serial radiographs at 4, 12, 24, and 48 hours showed barium retention in the small intestine with minimal progression (Fig. 1). Haematological and biochemical parameters were within normal limits. An exploratory laparotomy was scheduled. The surgical site was aseptically prepared. The pre-

anaesthetics used were Inj. Atropine at 0.04 mg/kg body weight intramuscularly and Inj. Xylazine at 1 mg/kg body weight intramuscularly. Anaesthesia was induced and maintained by Inj. Thiopental Sodium at 12.5mg/kg body weight to effect. The dog was positioned in dorsal recumbency, and a mid-ventral celiotomy was performed. The intestinal loops were explored, and an obstruction was identified. The affected segment was isolated, exteriorized, and soaked with normal saline. Enterotomy was performed at a healthy anti-mesenteric border of the intestine (Fig. 2). A plastic foreign body was removed (Fig. 3). Intestinal viability was assessed based on colour, arterial pulsation, and peristalsis. The enterotomy site was closed using Polydioxanone No. 2-0 suture in a simple interrupted pattern. A leak test was performed. Muscles, subcutaneous tissue and skin were closed using standard procedures.

Postoperatively, the dog was treated with intravenous fluids for five days. Medication Inj. Ceftriaxone at 20 mg/kg body weight intravenously for 5 days. Oral feeding was started on the 6th day after surgery with liquids and was slowly transitioned to semi-solids and then solids.



Fig 1: Barium contrast radiograph of lateral abdomen after 48hr showing barium stasis



Fig 2: Enterotomy incision on healthy anti-mesenteric border of intestine



Fig 3: Foreign body

Results and Discussion

Wound was dressed every alternate day and skin sutures were removed on 10th day. The dog recovered uneventfully without any postoperative complications.

Intestinal blockage is always treated as an urgent medical condition (Kavirajan *et al.*, 2016) ^[3]. According to Papazoglou *et al* (2003) ^[5], imaging techniques like contrast radiography play a crucial role in distinguishing intestinal obstruction from other medical conditions. The management of gastrointestinal foreign bodies presents several significant challenges, including the need for prompt and accurate diagnosis, evaluation of anaesthetic risk, and correction of electrolyte and acid-base imbalances. Furthermore, surgical intervention and subsequent wound healing might be hindered by compromised intestinal wall viability, intraluminal bacterial proliferation, the presence of ileus, and hypoproteinaemia (Ralphs *et al.*, 2003) ^[7]. An enterotomy is typically performed on the antimesenteric border distal to the location of the foreign body to facilitate its removal. Incisions made directly over the foreign body or proximal to the site of obstruction, particularly in distended segments of the intestine, are generally discouraged. This approach was based on concerns regarding impaired healing, which may result from compromised vascular integrity in these regions of the intestinal wall (Orsher and Rosin, 1993) ^[4]. Closure of the enterotomy site was generally performed in a single layer utilizing either a simple interrupted or continuous suture pattern, employing 3-0 or 4-0 synthetic absorbable suture materials such as polydioxanone or polyglyconate (Weisman, 1999) ^[8]. Enteric wound dehiscence and leakage are the most severe and potentially life-threatening complications associated with gastrointestinal surgery (Hayes, 2009) ^[2]. The positive outcome in this case can be credited to early diagnosis, aseptic surgical procedures, and appropriate post-operative management.

Conclusion

The present case reports the successful surgical management of intestinal obstruction in a dog. Accurate diagnosis through plain and/or contrast radiography, along with timely aseptic surgical intervention and effective post-operative care, plays a crucial role in the effective management of gastrointestinal foreign body obstruction in dogs.

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Conflict of Interests

There is no conflict of interest.

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