

Surgical management of traumatic intestinal eventration in a Nellore Brown Ewe

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Abstract:

A pluriparous Nellore brown ewe was presented with a history of traumatic intestinal eventration consequent to a horn gore injury. After careful and thorough irrigation, intestinal loops were repositioned and wound was closed in standard manner. With good post operative care and management the ewe recovered uneventfully.

Key words: Nellore brown ewe; horn gore injury; intestinal eventration

Introduction

Evisceration of abdominal viscera may be congenital (Veena et al., 2011) or acquired (Sharma et al., 2010). Acquired traumatic injuries to abdominal wall often encountered in veterinary practice which may be resultant of infighting, accidents, malicious attempts, etc. Horn gore injuries are common in closely packed herds and in most of the cases leads to different grades of wounds or hernias or eventration of abdominal contents. Cases with abdominal evisceration must be attended as early as possible to avoid life risk to the animal. In the present communication we report a successful surgical management of traumatic intestinal eventration in a Nellore brown ewe.

Case history and clinical observations

A six yr old Nellore brown ewe weighing about 30kg was presented with protrusion of intestines from abdominal wall defect resultant of a horn gore injury by a buffalo last night. Since then it was anorectic and feeling severe pain. On clinical examination revealed that, the ewe was dull, depressed and restless. Few loops of small intestine were found protruding from a lacerated wound in ventral abdominal wall cranial and right paramedian to umbilicus. The loops were almost dry, ischaemic, dark and soiled with dirt (Fig 1).



Fig 1: Photograph showing protruded intestines and swollen umbilical area. Note ischaemic, cyanotic and strangulated intestinal loops.

Treatment and Discussion

The ewe was prepared for aseptic surgery and administered with 500 ml RL and 3 ml Melonex for rehydration and pre emptive analgesia respectively. General anaesthesia and local analgesia were achieved by using Xylazine hydrochloride^a @ 0.01 mg/kg BW and 2% lignocaine hydrochloride^b respectively. Protruded viscera were found to be jejunal folds which were thoroughly and carefully irrigated with normal saline. Mild adhesions at protruded site were separated, vitality of the loops was checked and wound edges were widened craniocaudally to reposition the loops in to abdominal cavity. Oxytetracyclin liquid^d was poured into abdominal cavity and the muscles were closed in overlapping pattern using chromic catgut no. 2. Skin wound was sutured in horizontal mattress pattern using black braided silk no. 1 and protected with tincture benzoin seal. Post operatively administered with inj. Ceftriaxone^c 1g, inj. Tribivet^c 3ml, inj. Calcium Sandoz 20 ml I/V and inj. Intavita H 1ml I/M for 5 days. Skin sutures were removed on 12th post operative day and the ewe recovered uneventfully.

Horn gore injuries usually result in true or false abdominal hernias in which the muscles tear and the contents herniated and lie beneath the skin. Sharp horns and severe blow results in eventration of abdominal viscera (Sharma et al., 2010) which is life threatening and must be attended immediately. As it was difficult to reposition the oedematous intestines through the narrow muscular opening, the wound edges were widened craniocaudally which facilitated easy repositioning in to abdominal cavity. Oxytetracyclin poured in peritoneum acted as both antibiotic and an anti adhesive. Calcium Sandoz was infused intra venously to improve peristalsis of intestines and good antibiotic therapy and management resulted in good recovery.

References

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