

Surgical management of Scirrhus Cord in Ongole bullocks – A report of two cases

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Abstract

Two Ongole bullocks were presented to the clinic with a history of hardening of scrotal sac since three months after castration by burdizzo method. On physical examination the scrotum and its contents were hard and fibrosed. Scrotal ablation was performed under sedation and local infiltration with xylazine and lignocaine hydrochloride respectively. Both the animals recovered uneventfully without any complications.

Key words: Ongole bullocks; scirrhus cord; scrotal ablation

Burdizzo method of castration is practised commonly in working bulls as it is a simple and bloodless technique. Faulty castration produces complications like orchitis, hydrocele (Kamalakar et al., 2014), pyocele (Sagar et al., 2010), inguinal hernia, torsion of spermatic cord (Schumacher et al., 1992) and scirrhus cord (Jubb and Kenedy, 1965) etc. The present paper reports successful management of scirrhus cord in two Ongole bullocks by scrotal ablation.

Case history and Clinical observations

Two Ongole bullocks were presented to the clinic with a history of castration performed by burdizzo method three months ago. After castration, the scrotal sac appeared swollen which was treated by the administration of meloxicam @ 0.3mg/kg body weight for five days without any favourable response. Since then, the animals were showing incoordination in gait, prolonged recumbency and pain on palpation of scrotum.

Clinical examination revealed hardness of scrotal sac and its contents (Fig. 1). The contents of scrotum were unable to fluctuate freely on palpation. Both the animals were treated unsuccessfully with ceftriaxone and dexamethasone with tapering dose. Finally it was diagnosed as scirrhus cord and scrotal ablation was performed.



Fig 1. Scirrhus cord and septic orchitis in a bullock

Treatment and Discussion

After maintaining fasting, sedation and local analgesia were achieved using xylazine hydrochloride (Indian Immunologicals Ltd, Bangalore) @ 0.02mg/kg body weight and 2% lignocaine hydrochloride (Astra- Zeneca) respectively. After aseptic preparation, an elliptical incision was given at the neck of the scrotum. By blunt dissection spermatic cords were approached and severed after application of transfixation ligature (Fig. 2) using chromic catgut no. 2. The scrotal skin and contents were separated by following standard technique. Skin incision was closed with horizontal mattress pattern using black braided silk no.2 (Fig. 3) and tincture benzoin seal was applied to the sutured area.



Fig 2: Transfixation of the cord.



Fig 3: skin sutures after scrotal ablation

Postoperatively the animals were administered with ceftriaxone (Intas Pharmaceuticals, Ahmedabad) @ 5mg/kg body weight and meloxicam (Intas Pharmaceuticals, Ahmedabad) @ 0.5mg/kg body weight with regular dressing of wound with povidone iodine ointment. Skin sutures were removed on 12th postoperative day. Both the animals recovered uneventfully without any complication.

In scirrhus cord or funiculitis, excess formation of granulation tissue in the stump of castrated cord occurs due to infection usually by *Staphylococcus aureus* which is popularly called as Botryomycosis (Sastry, 1983). Incoordination of hind limbs in gait and prolonged recumbency may be the signs of pain. These signs

were in co-ordinance with findings of Coetzee et al. (2010). It was concluded that strict maintenance of asepsis before and after burdizzo's method of castration may avoid complications like pyocele, scirrhus cord etc.

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