SURGICAL RESECTION OF PERIANAL LYMPHOMA IN DOG

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One uncastrated male dog of 12 years age having body weight 36 kg was presented for treatment of chronic constipation along with a swelling at the peri-anal region. After physical and ultrasonographic examination it was diagnosed as a case of perianal tumor. The mass was removed surgically followed with cryocauterization. Upon histopathological examination it was found as a case of lymphoma.
Keywords: Dog, Perianal, Tumor.

The perineal region is a potential location for development of neoplasms in dogs (Lorigados *et al*., 2018). Perianal tumor is the third most common tumor type seen in different breeds of uncastrated dogs between 5-12 yrs of age groups. These tumors can metastasize to lymph nodes, liver and lungs (Wani *et al*., 2018). In some instances these tumours may become fatal due to persistent constipation leading to toxaemia (Mahendra and Sarkar, 2019). In the present case, a rare case of perianal lymphoma was successfully treated surgically in a dog.

Case history and Observation

One twelve years old uncastrated male German shepherd dog weighing 36 kg was presented to the Department of Veterinary Surgery and Radiology, College of Veterinary Science and Animal Husbandry, Odisha University of Agriculture and Technology, Bhubaneswar with complain of chronic constipation, straining, loss of appetite and a swelling at perianal region. On physical examination, it was found that a large swelling (4 inch x 2 inch) around the anal region. Clinical parameters showed all the values (mention which parameters were evaluated….) within the normal range. The mass was semisolid in consistency and non-movable. Ultrasonography (elastography) was done at the peri-anal site which revealed tumor like growth at the perianal region. So, it was planned for surgical excision of the mass.

Surgical Treatment

The dog was maintained with liquid diet for two days prior to surgery with fasting for 12 hours and enema was given two hours prior to surgery to prevent undesired defecation during surgery. The animal was premedicated with inj. Glycopyrollate @ 0.01 mg/kg bwt, inj. Butorphanol @ 0.2 mg/kg bwt intramuscularly (IM). Then it was sedated with dexmedetomidine @ 5mcg/ kg bwt intravenously (IV). Anaesthetic induction was done with Zoletil followed by @ 7 mg/kg bwt IV and it was maintained with additional dose of Zoletil^{TM}. The animal was prepared for surgery as per standard operating procedure (SOP).

An 8 cm longitudinal incision was made on skin over the mass at the right lateral side of the perianal region. After separating subcutaneous tissue, the underlying growth was observed as a large sausage shaped mass confined to the site without involvement with the deeper tissues. It was bluntly dissected out (Fig No.1). Haemorrhage was controlled and so also cryo-cauterization was done by application of liquid nitrogen (LN_2). The

subcutaneous tissue was sutured in continuous pattern using chromic catgut no. 1 to avoid dead space created by the removed mass. The skin was sutured with criss-cross mattress suture pattern using nylon no.1. The sutured line was painted with povidone iodine lotion. Parenteral antibiotics inj. ceftriaxone sodium @ 25 mg/kgbwt, analgesic inj. Meloxicam @ 0.2mg/kgbwt were given twice daily for five days along with regular dressing. The owner was advised to provide the animal with mask to prevent automutilation. Collected tissue sample of the mass was sent to the laboratory for histopathological examination.

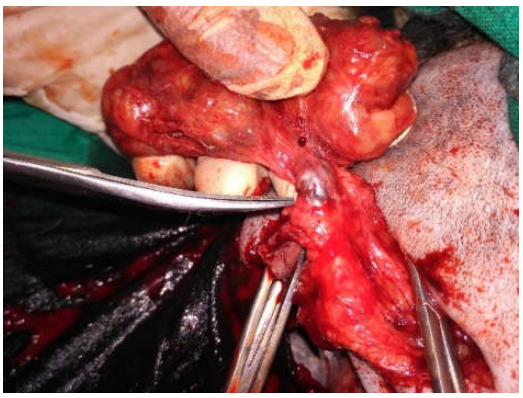

Fig. no.1- EXCISION OF THE TUMOR MASS

Results and Discussion

Regular dressing was continued using povidone iodine ointment. The surgical wound had healed properly without any complication which is in accordance with Saha *et. al*., 2020. Skin suture was removed on 12th day of surgery. The animal was able to defecate and urinate properly. Appetite became normal. The histopathological observation of the tissue sample revealed to be a case of lymphoma. This is in accordance with Zandvliet, 2016. The animal was followed up for 1 year and no recurrence was found which may be due to complete excision as opined by Rai and Chandrapuria, 2015.

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