

SURGICAL RETRIEVAL OF UNUSUAL GASTRIC FOREIGN BODY IN AN ADULT MINI POMERANIAN DOG

N.V. V. Hari Krishna¹, Ch. Mallikarjuna Rao, G. Kamalakar and K. Suresh

¹Associate Professor (Surgery), Dept. of Veterinary Clinical Complex, NTR College of Veterinary Science, Sri Venkateswara Veterinary University, Gannavaram – 521 102.

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Two year old Mini Pomeranian dog was presented with a history of ingestion of unknown object three days back. The dog had frequent vomiting, coughing for last three days. Lateral abdomen radiograph revealed foreign body of metallic opacity in the pyloric region. It was diagnosed as a case of gastric foreign body syndrome and surgical correction was planned. Under general anaesthesia, gastrotomy was performed and foreign body, a magnetic beads chain, was retrieved. The stomach was sutured with 2-0 polyglactin 910 in continuous Cushing manner and abdomen and skin were closed as per standard procedure. Post-operatively administration of antibiotics, fluids and regular dressing was done and the dog recovered uneventfully.

Keywords: Adult Dog, Foreign body, Gastrotomy.

Incidence of gastric foreign body is higher in young dogs due to voracious and indiscriminate feeding habits and gulping nature and uncommon in adult dogs (Maheswarappa *et al.*, 2021). Gastric foreign body is defined as anything ingested by a dog that cannot be digested (i.e. rock, plastics, toys, leashes, balls, clothes, sticks) or that is slowly digested (Bones) or that will not readily pass through the gastro - intestinal tract (Bharathidasan *et al.*, 2019). Foreign body ingestion is a common reason for emergency visits in a small practice. Foreign bodies cause gastric outflow obstruction, gastric perforations or systemic illness due to breakdown and absorption of foreign material. Penetrating foreign bodies are more dangerous as they may cause perforations and subsequent peritonitis and associated with poor prognosis. The present paper reports about an unusual gastric foreign body in an adult dog and its successful surgical removal.

Case History and Observation

A two year-old male, Mini Pomeranian dog weighing 3.4 Kg was presented with a history of accidental ingestion of unknown object three days back.

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Frequent vomiting and coughing were observed. On clinical examination the dog was dull and all the physiological parameters were within normal range. Lateral abdomen radiograph revealed foreign body of metallic opacity in the pyloric region (Fig. 1). On basis of history, clinical signs and radiographic findings, the condition was diagnosed as gastric foreign body and surgical retrieval was planned.

Surgical Treatment

Surgical site was shaved, scrubbed, and prepared for aseptic surgery. The dog was premeditated with Inj. Atropine sulphate @0.04 mg/Kg b. wt. i.m. Dissociative anaesthesia was induced with Inj. Midazolam@0.2 mg/Kg b. wt. and Inj. Ketamine @5 mg/Kg b. wt. i.v. and maintained with 2-2.5% Isoflurane. Animal was restrained in dorsal recumbency. Stomach was exteriorized through a cranial midventral laparotomy. Gastric incision was given at antimesentric border avoiding blood vessels. Foreign body i.e. chain of magnetic beads (Fig. 2 and 3) was retrieved. The gastrotomy site was closed in continuous Cushing pattern with 2-0 polyglactin 910.

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Peritoneum and muscle layers were sutured with 2-0 polyglactin 910 in continuous lock stitch pattern. Skin was apposed with 2-0 polyamide in cross mattress pattern (Fig. 4). Post-operatively, the dog received inj. cefotaxime @ 22 mg/Kg b. wt., inj. Meloxicam @ 0.2 mg/Kg b. wt. intravenously

for 5 days and Fluid therapy (inj. Metronidazole @5ml SID, inj. RL 50ml BID i.v) for 3 days. Liquid diet was given from fourth day and shifted to solid diet on seventh day. Wound was dressed with povidone on fifth post-operative day. Skin sutures were removed on tenth day.



Fig. 1 Radiograph showing foreign body in pyloric region



Fig. 2 Photograph showing foreign body retrieval (Chain of magnetic beads) through gastrotomy.

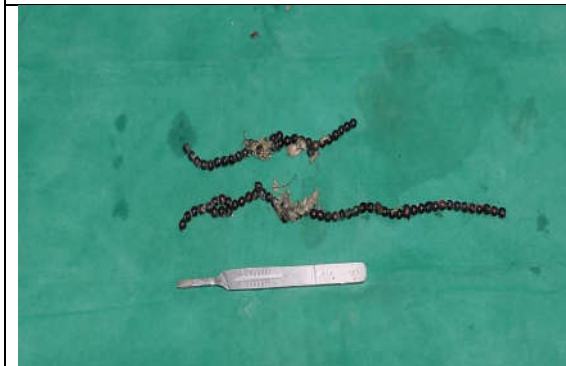


Fig:3 Photograph showing foreign body recovered from stomach.



Fig:4 Photograph showing skin closure.

Results and Discussion

The diagnosis was done based on history, physical examination, clinical signs and radiographic findings. Vomiting was almost always the hall - mark sign of gastric foreign bodies as also reported by Hari Krishna *et al.*, 2023. Vomiting may be intermittent, if the foreign body was small and the animal might continue to eat and remain active. If the object was large, they may completely obstruct the outflow and the vomiting may be too frequent. Foreign bodies

located in the fundus of the stomach usually cause no symptoms. If they lodge in the pyloric portion of the stomach, gastric emptying may be impaired. Gastric foreign bodies were usually diagnosed by radiography as also mentioned by Nath *et al.*, 2015. Plain radiography was the suitable method for diagnosis of metallic foreign body whereas non - metallic foreign body diagnosis require contrast or double contrast radiography. The lateral radiograph of the present case revealed radio opaque foreign

body (chain of magnetic beads) in the pyloric area. Gastrotomy was most often indicated for treatment of gastric problems including removal of foreign objects and stomach tumors as also elicited by Nath *et al.*, 2015. Prompt presentation by the animal owner, earlier diagnosis and timely surgical intervention favored successful retrieval of unusual foreign body and complete recovery in an adult Mini Pomeranian dog.

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