

SURGICAL MANAGEMENT OF CHERRY EYE CONDITION IN DOGS - THREE CASES

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Three cases of dogs were presented for treatment of prolapsed of third eye lid gland. Previously they were treated with anti-inflammatory and antibiotic medication. Following standard preoperative procedure, the cases were surgically treated with pocket technique and were cured without any recurrence.

Keywords: Cherry eye, Dog, Nictitans membrane.

Keywords: German shepherd dog, Hypertrophic osteopathy, Marie's syndrome, Periostosis.

The nictitating membrane, also referred to as the third eyelid, is a movable triangular shape conjunctival fold located in the infero-medial canthus of domestic animals, between the globe and the eyelids (Georgescu *et al.* 2015). It plays an essential role in moistening the ocular surface by producing and distributing tears and mechanically protecting the eyes by clearing debris from the surface (Vani and Lakshmi, 2016)). Prolapse of the third eyelid gland is called cherry eye which is a common ophthalmic problem of dogs (Dewangan *et al.*, 2018). On physical examination, the prolapsed gland and the rotation of the cartilage may appear as a hyperemic mass in the medial canthus. This condition needs to be surgically corrected for cosmetic and functional reasons (Rezaei *et al.* 2019).

Case history and Observations

Three dogs of different breeds, Rottweiler, Spitz and Labrador of age between two to four years were presented for treatment of hyperemic swelling at the inner canthus of one or both eyes (Fig.1). As per history, the dogs were previously treated with parenteral and topical anti inflammatory and antibiotics for a period of 7-10 days. After

careful physical examination, it was confirmed as chronic cases of prolapsed of third eyelid gland. Hence, it was decided for surgical intervention of the conditions.

Surgical Treatment

In all the cases, the animals were prepared for surgery as per standard operating procedure. The animals were premedicated with inj. glycopyrolate @ 0.01 mg/kgbw intramuscularly, inj. butorphanol @ 0.2 mg/kgbw, inj. dexmedetomidine @ 5mcg/kgbw intravenously. Induction of anesthesia was done using inj. Propofol @ 4 mg/kgbw intravenously. Anesthesia was maintained using 1.5% Isoflurane. Firstly, the third eye lid was cleaned with diluted povidone iodine solution and then it was grasped with plain thumb forceps. An elliptical incision was made at the base encircling the prolapsed gland. Then, the free incised margin was grasped with tissue forceps and by conjunctival scissor, the prolapsed gland was detached from outer membrane. The gland was pushed in to the pocket created due to detachment. Using vicryl no. 3-0, incised margin was sutured in continuous pattern and knot was placed

towards the eyelid margin. The eye was flushed with RL and instilled with povidone iodine eye drop. Antibiotic and anti-inflammatory eye drops were applied for 14

days along with parenteral antibiotic and anti-inflammatory for 5 days. The owners were advised to apply appropriate size of E-collar to prevent self mutilation.



Fig.1: Cherry eye condition

Results and Discussion

In the reported cases, there were two unilateral cases and one bilateral case of cherry eye condition. Surgical reposition of the prolapsed nictitans membrane to original position was done using the Morgan pocket method which is in accordance with Rezaei *et al.* 2019. The animals recovered eventually which is also reported by White & Brennan (2018). The animals were followed for 6-8 months and no complication or recurrence was found.

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