

SURGICAL MANAGEMENT OF VAGINAL FIBROMA IN BITCH

Sayed Mohammad Ali, G.S. Khandekar, S.D. Tripathi, Sayed Mohd. Danish Bukhari and D.U. Lokhande

Department of Surgery & Radiology,, Bombay Veterinary College, Mumbai, Maharashtra

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A ten years old advance pregnant female pomerian was presented with history of swollen vagina and pendulous growth hanging from vaginal fold. On clinical examination a hard mass was noticed at perineal region .Vaginal examination revealed that multiple masses on either side of dorsal vaginal mucosa. Fine needle aspiration biopsy was suggestive of fibroma pre-operative hematology and serum biochemistry profile were within the normal range .There was no evidence of metastasis on plain thoracic radiographs under general anaesthesia caesarean and Ovario-hysterectomy, episiotomy was performed and multiple various sized capsulated masses were removed .Histopathology of excised mass had confirmed vaginal fibroma . Animal had an uneventful recovery.

Keywords: Benign tumour, Bitch, Vaginal fibroma.

Vaginal and vulval tumors were most common in bitches (Al –Kennanny *et al.*, 2013). 2.4% - 3 % of canine neoplasms were vulval and vaginal tumors (Vijayanand *et al.*, 2009). Leiomyoma, fibroma or fibroleiomyoma were the most common benign tumors were managed by local resection via episiotomy combined with ovario-hysterctomy to prevent reoccurrence (Igna *et al.*, 2016).Primary tumour of vulva and vagina are usually benign 71-82 % (Igna *et al.*, 2016) and carry a good prognosiss (Joanna and Jane 2001). A great deal of information could be gained by digital

vaginal and rectal examination (Tivers and Baines,2012).

Case History and Observations

A 10 years old advanced pregnant female pomerian dog reported to Bai Sakrabai Dinshaw Petit hospital for Animals affiliated to Mumbai Veterinary College with history of passing of vaginal discharge,swollen vagina and pendulous vulval growth and had 2 live fetus (220-240 bpm/min) on ultrasound examination .On clinical examination a hard mass could be palpated at perineal region with sero-sanguinous discharge from the vulva.(Fig 1).



Fig 1.Hard mass on perineal region



Fig 2. Intra-operative removal of encapsulated mass



Fig 3. Post-Operative

Vaginal examination revealed multiple round masses originating from either side of dorsal vaginal mucosal wall. Preoperative haematology and serum biochemistry profiles were the normal range. There was no evidence

of metastasis on plain thoracic radiograph. Fine needle aspiration biopsy was suggestive of fibroma.

Treatment and Discussion

The dog was pre-medicated with Butarphanol tartarate @ 0.2 mg/kg BW intravenously and induced with propofol and maintained with Isoflurane 3% in oxygen. Preoperatively Cefotaxime @ 20mg /kg BW was given intravenously. Dog positioned of ventro-dorsally position then surgical site was aseptically prepared and incision at Mid-line over linea Alba for cesarean section was done 2 live puppies was removed. After that pan hysterctomy was done .The peritoneum,abdominal muscles and skin were sutured in routine fashion with catgut no “ 0 ” then dog positioned on supine side with catheterization of urethera. An episiotomy incision was made starting from the dorsal commissure of vulva towards the anal opening and multiple round encapsulated growths (fig 2) were resected .The episiotomy incision was closed using Catgut no. 0 . Skin was closed nylon suture. Intravenous antibiotics, analgesics and anti-inflammatory medication were given for three days post-operatively. Oral antibiotics were advised for four days on follow up. E-collar was advised. Topical antibiotics ointment mupirocin was applied. Urinary catheter was removed on 2nd post-operative day. Skin sutures were removed on 10th day.Histopathological examination of excised mass had characteristics of interlacing bundles of fibrous connective tissues with various sized cells and spindle shaped nuclei confirmed vaginal fibroma .

In addition to surgical excision of mass ,ovario-hystectomy was done to prevent recurrence of vaginal tumors as also reported by (Vijaynand *et al.*, 2009).

Summary

The present study is an unusual case of vaginal Fibroma wherein surgical correction was successful and the dog had a satisfactory outcome with no tumour recurrence or metastasis at follow-up examination.

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