GASTRIC FOREIGN BODY IN A PUP AND ITS SURGICAL MANAGEMENT

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A 3 month old pup was presented with the complaint of engulfing a key ring day before. History revealed vomition. Radiographic examination confirmed the foreign body in the thoracic part of the oesophagus. It was advised to feed with flat rice with banana to dislodge the foreign body towards distal end of stomach. Under general anaesthesia using mixture of atropine-xyazine-ketamine gastroscopy was performed. The key ring with dog doll was removed from the stomach and cleaned with normal saline solution. The gastroscopy wound was closed with cushing suture pattern. Post operatively fluid therapy along with parenteral antibiotics, analgesics and multivitamins were recommended. After two days the pup was allowed for liquid diet and then solid. After 10 days suture was removed and the pup recovered well.

Keywords: Pup, Foreign body, Gastroscopy

Canines are quite curious animals. They play and commonly eat foreign bodies. The condition of Gastric foreign body syndrome is more common in the allotrophic dogs with heavy worm load. It is a life threatening condition in canines. The most frequently found gastro intestinal foreign bodies were bones, corn-cobs, stones, fruit pits, food packaging materials, children's chewing toys, bottle caps, fish hooks and sewing needles (Senapaty et al., 1997; Sreenu and Kumar, 2006). Foreign body syndrome in dogs is commonly seen in association with foreign bodies lodged in the mouth cavity, oesophagus, stomach or in the intestine (Pillai et al., 2006). The most common clinical signs are persistent vomiting, lethargy, inappetance and weight loss. The condition of the animal depends upon the site of obstruction in the gastro intestinal tract. Gastroscopy is a surgical incision created in the wall of the stomach that allows the surgeon to examine the inside of the stomach and most often indicated for treatment of stomach problems including the removal of foreign objects or tumours (Hargopal and Suresh Kumar, 1996).

This paper reports about the dog doll key ring as gastric foreign body in a pup and its successful surgical management.

Materials and methods

One Labrador pup of 3 month old was presented with the tendency of vomition, inappetance and restlessness. It was suspected for G I problems and on radiographic examination, a key ring was imaged obstructing at the thoracic region of oesophagus (Fig.1). So it was advised to feed flat rice so that the key will go down towards stomach during eating. Next day the pup was again advised for radiographic examination and it revealed the key inside the stomach. The decision of gastroscopy was taken to remove the foreign body out as soon as possible. Hence Gastroscopy was done under controlled general anaesthesia using atropine @ 0.04mg/ kg b.wt., xyazine @ 0.5mg/ kg b.wt. and ketamine @ 3mg/ kg b.wt. The animal was administered with 5% dextrose normal saline solution as fluid therapy, and the incision site was cleaned and prepared routinely. Two inch vertical laparotomy incision was made parallel to last rib. Gastroscopy was done and the key ring was removed (Fig.2) and stomach was cleaned with physiological normal saline solution. The wound margin of stomach was properly cleaned & then sutured with vicryl suture no.1 with cushing pattern and the laparotomy wound was closed on routine basis. The pup was maintained with RL & Inj. NS with antibiotic injection ceftriaxone sodium @ 10mg/ kg b.wt. and Inj. meloxicam @ 0.2 mg/ kg b.wt. and multivitamin for 5 days and after 2 days the pup was allowed with liquid diet. After stabilisation of
condition and after 6 days pup was permitted with normal diet and sutures were removed on 10th day. The removed key ring with dog doll (Fig.3) was handed over to owner.

**Results and Discussion**

The prompt decision of radiographic examination was fruitful as it revealed and confirmed the diagnosis of actual cause of problem and then advising of giving dry flat rice paste to the animal was a great help of bringing down the key to the stomach from the obstruction site. Patil *et al.* (2010); Singh *et al.* (2010) reported that the radiographic examination was done in gastric foreign bodies obstruction and also advised that in some cases, ultra sound was used as diagnostic tool for the foreign body obstruction as it revealed hypoechoic image of the foreign body; then it became easy for doing gastrotomy and removing the foreign body out. Although the wound margins were cleaned properly in order to repair the same the synthetic absorbable surgical suture Vicryl (Polyglactin 910) of appropriate size was preferred instead of catgut. Fluid therapy with Ringer’s Lactate solution and Dextrose 5% administration was helpful as the animal was anorexic and lethargic. After 4 days the animal became normal with previous habit of diet intake and active.

Vomiting is almost the characteristic sign of either gastritis or gastric foreign bodies. If the object is large, may completely obstruct the outflow and vomiting may be too frequent. It is intermittent if the object is very small and the animal may remain active as usual. Proximal location of the stomach prevents palpation of foreign bodies, hence radiography found to be promising. Electrolyte abnormality should be corrected in dogs with vomiting and anorexia since hypokalemia is likely to occur as also reported by Boag *et al.* (2005). The
gastroscopy incision was closed by Cushing suture with 3-0 vicryl suture it is in accordance to Patil et al. (2010), Sukhla et al. (2010). The Vicryl suture used to close the gastric wound as it is superior to chromic catgut.

References


