SURGICAL MANAGEMENT OF VAGINAL LEIOMYOMA IN A DACHSHUND

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A nine year old, pleuriparous Dachshund bitch was presented with the history of prominent swelling over vaginal area leading to continuous straining along with blood tinged vaginal discharge for last 7 days. The animal was dull with slightly pale visible mucous membrane. Palpation revealed a solitary hard mass attached to the vaginal wall obliterating the cavity just above the vulval lips. The case was tentatively diagnosed as vaginal tumour and surgical excision was planned. Histopathological evaluation confirmed the mass as leiomyoma.

Key words: vaginal leiomyoma, bitch

Leiomyoma is a benign tumor arising from smooth muscle of hollow organs and is common in cow, dogs and fowl (Sastry, 1983). Neoplasms of female tubular genitalia account for three per cent of all canine tumours, out of this 85 to 90 per cent occur in vagina and vulva (Brodey and Roszel, 1967). Tumors of mesenchymal origin like leiomyomas occur most commonly and leiomyosarcomas etc. occur much less frequently (MacLachlan and Kennedy, 2002). The present communication puts on record a clinical case of vaginal leiomyoma and its surgical management.

Case history and Observations

A nine year old, pleuriparous, dachshund female dog, weighing about 15 kg was presented to the Department of Veterinary Surgery & Radiology, C.V.Sc.& A.H., Bhubaneswar with the complaint of a large swelling over vaginal region leading to continuous straining along with dark blood tinged vaginal discharge for last 7 days (Fig.1). The animal was dull with slightly pale visible mucous membrane, normal rectal temperature (101°F), tachycardia (heart rate 125 per minute) and tachypnea (27 breaths per minute). Genital exploration revealed a circumscribed mass attached to the vaginal wall obliterating the vaginal cavity just above the vulval lips. It was diagnosed as vaginal tumour and excision was performed.

Surgical Procedure

The animal was administered with 250 ml of 5 % DNS solution I/V, Ceftriaxone and Tazobactum combination @ 25 mg/ kg body wt. I/V, Pentazocine @ 1 mg/ kg body wt. I/V and vitamin B complex 1.5 ml I/M.

Atropine sulphate @ 0.04 mg/kg body wt. S/C was administered followed by...
Xylazine hydrochloride @ 1 mg/kg body wt. I/M and 10 minutes later by Ketamine hydrochloride @ 10 mg/kg body wt. I/M. With the animal restrained in right lateral recumbency, under aseptic conditions episiotomy was performed by incising the dorsal commissure of the vulva.

The mass was smooth, oval and attached to the left ventral vaginal wall. The urethral orifice was catheterized with Foley catheter.

The pedicle of the mass was transected (Fig. 2) and the growth was excised. Closure of the incision site over vaginal wall was achieved by submucosal simple interrupted sutures using catgut no. 0. The episiotomy site was closed in routine manner (Fig. 3) and the excised mass (Fig. 4) was sent for histopathological examination.

![Fig. 3: Closure of episiotomy](image-3)

![Fig. 4: Gross appearance of tumor mass](image-4)

Ceftriaxone plus Tazobactum was administered once daily for 5 days while Meloxicam @ 0.5 mg/kg body wt. was administered for 3 days. The cutaneous wound was dressed with 5% povidone iodine solution daily for 7 days. Episiotomy sutures were removed on 10th day postoperatively.

**Results and Discussion**

A tumour mass weighing 100 grams measuring 4 X 5 cm dimension was removed (Fig. 4) and diagnosed as vaginal leiomyoma. Majority of the canine vaginal or vulvar neoplasms are leiomyoma, leiomyosarcoma, fibroma, and transmissible venereal tumour. Most of vaginal tumours arise from the vestibule or the smooth muscle wall of the vagina and may be removed by episiotomy and can be prevented by ovariohysterectomy.

**References**

