CONGENITAL UMBILICAL DEFECT WITH VISCERAL EVENTRATION IN A BUFFALO CALF - A CASE REPORT

P. Veena, P. Sankar, S. Kokila, R.V. Suresh Kumar and N. Dhana Lakshmi

ABSTRACT

This communication reports a case of congenital umbilical defect with visceral eventration in a buffalo calf which was operated successfully without any complication.

Keywords: umbilical defect, eventration, buffalo calf

INTRODUCTION

Congenital ventral abdominal defects are very common in calves. Defects in the development of somatopleura lead to various defects in the body wall especially in the ventral median parts. The umbilical opening is present to provide passage of the urachus, the umbilical vein carrying placental blood and the two large umbilical arteries carrying blood to the placenta. Exposure of the abdominal viscera is very common in schistosomus reflexes which include spinal inversion in bovine fetal monsters (Denis and Meyer, 1965; Denis, 1972) and in found to be one of the most important fatal congenital disorders (Cavaleri and Farin, 1999), a defect resulting from faulty closure of abdominal wall along its ventral mid line along with protrusion of abdominal viscera (Willis, 1962). The present paper records a rare case of congenital prolapse of abdominal viscera through the defect in the umbilicus in a buffalo calf and its surgical correction.

CASE HISTORY AND OBSERVATIONS

A newly born male buffalo calf was brought to the college clinic with the history of prolapse of abdominal viscera contained through the umbilical opening since birth (Figure 1) On clinical examination, the abdominal viscera contained congested abomasum and intestinal loops (Figure 2) The abdominal viscera were covered with parietal peritoneum and there was a rise in temperature, i.e. 39°C, respiratory rate and heart rate.

TREATMENTS AND DISCUSSION

The animal was given fluid therapy using normal saline (0.89%). The protruded visceral mass was washed with normal saline. After aseptic preparation of the site, lignocaine 2% was infiltrated around the hernial ring, which was about one inch in diameter. Reduction of the contents was impossible through the umbilical opening; hence it was enlarged cranio - caudally. The abdominal viscera were replaced in to the abdominal cavity after replacing the viscera; the ballooning of the peritoneum was

Department of Veterinary Surgery and Radiology, College of Veterinary Science, Sri Venkateswara Veterinary University, Tirupati, Andhra Pradesh, India
Figure 1. Eventration of abdominal viscera in a buffalo calf.

Figure 2. Congested abomasum covered with parietal peritoneum.
trimmed from the base. The peritoneum, abdominal muscles and skin were sutured in routine manner. Post-operative care included injection Megapen (Ampicillin 125 mg and Cloxacilline 125 mg BID, Aristo Pharmaceutical Pvt Ltd) and Melonex 0.5 ml s/c SID for 3 days. Antiseptic dressing of the wound was done with betadine till suture removal. The animal recovered completely and started natural suckling after 2 days treatment. Sutures were removed on the 9th post operative day.

Faulty closure of the abdominal wall in the prenatal development results in the eventration of parts of visceral organs with its serous sac. The condition can be corrected successfully and it should be done immediately to avoid contamination and injury to organs. When contamination of the sac is noticed it is advised to remove the sac at the level of fissure. Congenital intestinal prolapse through the persistent umbilical opening in the new born calf has been reported by Sharma (2003); Jana and Ghosh (2005).

REFERENCES