SURGICAL MANAGEMENT OF CERVICAL ESOPHAGEAL OBSTRUCTION IN A BUFFALO: A CASE REPORT

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

ABSTRACT

Obstruction of the esophagus is infrequent in ruminants. Intra-luminal obstruction of esophagus is commonly referred to as choke occurs in buffaloes due to attempts to swallow of a whole fruit like turnips, large lemons, apples, phytobezoars (Tyagi, 1993), and pieces of leather and rubber. (Salunke et al., 2003), ingestion of cloth or rexin material in buffaloes (Sivaprakash et al., 1998 and Sivaprakash, 2003), mango seeds, potatoes, placenta, gunny bags and even stones (Ojha and Mohanty, 1970; Verma, 1974; Nagam et al., 1978; Frank, 1981; Umakanthan, 1995 and Dilipkumar et al., 1995), tarpaulin cloth (Ravikumar et al., 2003), and coconut shell (Madhava Rao et al., 2009). In the cervical part, the esophageal lumen appears trumpet shaped, and obstruction is common in the cervical part of the oesophagus (Venugopalan, 1997). An unusual case of cervical esophageal obstruction in a buffalo is reported here.

TREATMENT AND DISCUSSIONS

Pre-operatively, the animal was given dextrose normal, 1500 ml, and Ringers lactate 1500 ml intravenously. The animal was sedated with xylazine hydrochloride 0.05 mg/kg body weight (since there was not complete obstruction), and the surgical site was prepared aseptically.

The animal was positioned in right lateral recumancy. To produce local analgesia, 2% lignocaine hydrochloride was infiltrated around the swelling. A longitudinal incision was made in the skin of the cervical part over the obstructing foreign bodies between the trachea and the sternocephalicus muscle. The oesophagus was exposed and umbilical tape was applied proximal and distal to the obstruction to prevent contamination of surgical area and also to prevent the movement of the mass. On incision the hard mass was removed. The esophagus was thoroughly cleaned with normal saline. The esophagus was closed with a two-layer suture pattern. In the first layer, the mucosa was closed with the continuous suture pattern and the sub mucosa and muscularis were closed with the cushing

Department of Veterinary Surgery and Radiology, College of Veterinary Science, Sri Venkateswara Veterinary University, Tirupati, India
pattern using 2-0 chromic catgut. Skin apposed with horizontal pattern using silk. The suture line was sealed with tincture benzoine soaked cotton.

Post-operatively, the animal was given Enroflaxacin 15 ml, Melonex 15 ml intramuscularly for 7 days. Oral feeding was withheld and animal was maintained with Dextrose normal saline 3 l and Ringers lactate 3 l daily for 5 days. The animal was given rice gruel mixed bran from the 7th day onwards and chopped green grass and dry fodder, each 1 kg, daily. The sutures were removed on the 12th post-operative day and animal recovered unevenfully.

REFERENCES


