Oesophageal Obstruction by Sorghum Cob in a kid

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Obstruction of oesophagus is common in ruminants. However, in small ruminants, it is a rare occurrence. Esophageal foreign body occurs when the animal attempts to swallow an object that is too large or sharp to pass smoothly through the esophagus. Caudal part of esophagus is narrow and wide thereafter, where material is most likely to get struck. Obstruction due to migration of vegetables, phytobezoars and rubber sheets (Ojha and Mohanty, 1970, Umakandhan, 1995, Dilipkumar, 1998) were reported in ruminants. Oesophagotomy is the only corrective surgery in cases where a conservative treatment fails. A case of esophageal obstruction sorghum cob and its successful surgical management through cervical oesphagotomy in kid is placed on record.

Case History and Observations

A three month old male kid presented to the teaching veterinary clinical complex with a history of swallowing a sorghum cob a day before, with sign of frothy salivation, complete anorexia and tympany. Clinical examination revealed ruminal tympany, extended neck and a palpable hard mass in the mid cervical region. Plain radiograph of the neck region revealed the presence of radiolucent foreign body in the mid cervical region. Temperature, respiratory rate and pulse rate were within normal range. An attempt was made to remove the foreign body manually, but it failed. Based on history, clinical sign and radiographic examination the case was diagnosed as esophageal obstruction in the mid cervical part warranting immediate surgical intervention.

Treatment and Discussion

The animal was sedated with xylazine hydrochloride @ 0.05 mg per kg bw and restrained in right lateral recumbancy. Surgical site was prepared aseptically and infiltrated with 2% lignocaine solution. A 7 cm long skin incision on the superior border of the left jugular furrow was made over the obstruction, between the sternocephalicus muscle and trachea. The fascia and muscle were bluntly separated to reach the esophagus. The esophagus was identified by its colour. A longitudinal incision was made over the obstructing mass. Through the incision a sorghum cob was recovered. The esophagus was irrigated with normal saline and closed with single layer buried knot (in out – out in pattern) using synthetic absorbable suture material vicryl size 2/0. A subcutaneous suture was made using catgut size 2/0 by simple continuous pattern. The animal was maintained with fluids and antibiotic for 7 days, without feed for 5 days and no water for 3 days. The alternate skin suture was removed on the 8th post-operative day and the remaining suture on the 10th day. The animal recovered uneventfully and was discharged.
caused by impaction of a pelleted ration. In the present report, choke caused by a sorghum cob at the mid cervical region was managed by surgical approach.

References


