

MULTIPLE FOREIGN BODY OBSTRUCTION LEADING TO INTUSSUSCEPTION IN A DOG AND ITS SURGICAL MANAGEMENT

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Foreign bodies and intussusception can be noticed in puppies and kittens because of their indiscriminate eating habits (Ellison, 1983). Single Intussusception occurs most frequently and the common site in dog is ileocolic junction and jejuno-jejunal segments and dogs less than one year age were mostly affected (Lewis and Ellison, 1987). Intussusception caused venous obstruction leading to necrosis of intestinal wall (Williams and Sargent, 1963) and variety of life threatening electrolyte disturbance; endotoxic and septic shock (Burrows and Merritt, 1992). The present paper discusses the surgical management of intussusception due to multiple foreign bodies.

A four month old male Labrador weighing 16 kg was presented with the history of vomiting, lethargy, depression and passing bloody mucoid stool. The animal had congested conjunctival mucous membrane, increased capillary refilling time (4seconds), elevated temperature (39.6 °C), increased heart rate (136 beats per minute) and respiration rate (36 per minute). Abdominal palpation evinced pain and revealed a firm tubular mass inside. Plain abdominal lateral radiograph (Fig. 1) and ultrasonogram were suggestive of intussusception. Haematology revealed haemoconcentration (PCV 45 %) while serum biochemistry revealed no abnormalities. The dehydration was corrected by

intravenous administration of 300ml of Ringers lactate followed which surgical correction was resorted to.

The animal was premedicated with Atropine sulphate @ 0.04 mg/kg b.wt intramuscularly followed by Xylazine hydrochloride @ 1 mg/kg b.wt intramuscularly, and ten minutes later by induction of general anaesthesia using Ketamine hydrochloride @ 10 mg/kg b.wt intramuscularly and Diazepam @ 0.2 mg/kg b.wt intravenously. Exploration of the abdominal cavity through an anterior mid ventral celiotomy revealed intussusception of the jejuno-jejunal segment (Fig. 2). The intussusception could not be reduced manually and the intestinal segment was not viable. The non-viable intestinal segment was resected and an end-to-end anastomosis of the viable segments was performed. No. 3-0 catgut, in a simple interrupted pattern, was used for anastomosis. Linea alba and subcutis were apposed by PGA No.1. The skin incision was apposed with braided silk. Cefotaxime and Meloxicam were administered @ 20 mg/kg b.wt and 0.5 mg/kg b.wt I/V after surgery. Animal had an uneventful recovery.

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The present case of intussusception was due to multiple foreign bodies such as comb, metallic wire, plastics, tags and threads; all entangled together (Fig. 3). The mechanism of telescoping of

had been suggested earlier (Batt, *et al*, 1985 and Lewis and Ellison, 1987). Balanced electrolyte solution of Ringer's lactate was given to correct dehydration and metabolic acidosis, which the intussusception has been reported to be reduced in the intestinal wall, and the reduction of the intestinal wall is necessary for the reduction of the obstruction (Orsh and Roslin, 1984).

Fig. 1:
Plain radiograph – abdomen lateral view

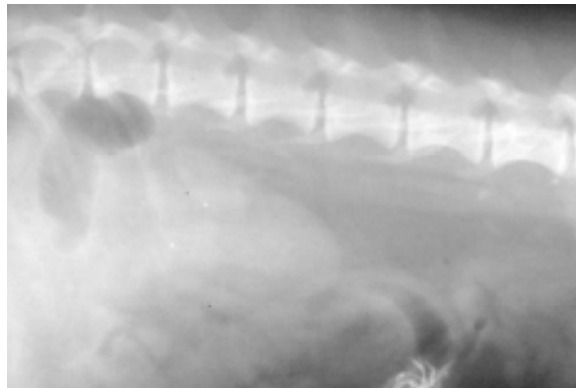


Fig. 2:
Site of intussusception



Fig. 3:
Presence of foreign bodies



present case too, resection and anastomosis were performed because the intussusception could not be reduced manually and the intestinal segment was non-viable.

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