CHOKE DUE TO COTTON THREAD BALL WITH SIEVING NEEDLE IN A GOAT

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ABSTRACT
Choke with a thread ball and sieving needle in a two-year old goat and its surgical correction with cervical esophagotomy is reported.

Key words : Choke, Oesophagus, Goat

Ingestion of foreign body is the most common cause of choke in animals (Vennugopalan, 1999), which is mainly attributable to greedy nature of feeding in ruminants (Dilipkumar et. al., 1995). The most common site of obstruction in bovines is cervical oesophagus and proximal and middle cervical obstruction has been reported in cows and bullocks, due to ingestion of mango seed, potato, brinjal, placenta, gunny bag and stone (Shivaprakash and Usturge, 2004). The present paper reports a case of middle cervical esophageal obstruction with thread ball and sieving needle in a local bred goat.

Case History and Clinical Examination
A local bred goat, aged about two years was admitted to the veterinary hospital, Gadag, with the complaint of swelling at the ventral aspect of the neck on left side, continuous bleating, making frequent attempts to drink water and vigorous stretching of its neck for the past 24 hours. Clinical examination of the animal revealed tympany, swelling at left ventral cervical region, salivation and mucous discharge from the nostrils. Temperature was in the normal range and there was an increase in respiratory rate.

Physical examination revealed the presence of foreign body in the cervical region of the esophagus and confirmed the diagnosis of choke. When attempts were made to push the mass in to stomach by fingers, sharp object pierced out of the skin. Acute and complete esophageal obstruction demands an emergency treatment as it prohibits the eructation of ruminal gases and cause tympany. Hence, it was decided to perform cervical esophagotomy to relieve the obstruction.

Surgical Management
The animal was premeditated with Siquil 0.1mg/Kg body weight intramuscularly. The animal was relieved from the tympany by trocarization of rumen and was restrained in lateral recumbancy. The oesophagus was exposed through a longitudinal cutaneous incision (5 inches), made exactly over the obstructed site under local infiltration analgesia (2% Lignocaine hydrochloride). Blunt separation of underlying muscles was carried out taking all aseptic precautions. The sieving needle had penetrated the esophagus horizontally, preventing the deglutination of obstructed mass. The sieving needle was removed by pulling slowly and then the esophagus was occluded by atraumatic clamps placed proximal and distal to the foreign body. A longitudinal incision was then made directly over the obstruction site and a thick thread ball was removed.
Oesophageal mucosa was sutured with chromic catgut No. 1-0 by simple interrupted method, which gave correct opposition with out constriction. The muscle layers were sutured with catgut No. 1 with lockstitch pattern. The skin incision was closed using horizontal mattress sutures with braided silk. Postoperatively the animal was given with intramuscular injections of antibiotics (Dicrosticin-S - 3 ml), analgesics (Zobid - 5 ml) and B-complex vitamin (Belamyl - 5 ml) daily for five days. The animal was given with intravenous fluid (DNS 1000ml) for first 2 days postoperatively. Water and liquid diet (gruel) were given from 3rd postoperative day and solid food from 5th postoperative day. Skin sutures were removed on 10th postoperative day. The animal made uneventful recovery.

DISCUSSION
Though obstruction due to foreign body is common in indiscriminate feeders like bovines, oesophageal obstruction with thread ball and sieving needle, in discriminate feeder like goat is a rare occurrence and in the present case on evaluation of the case history, it was assumed that the obstruction might have occurred due to malicious feeding of the goat with cotton thread ball and needle. The acuteness of obstruction necessitates an urgent surgical intervention to save the life of the animal. However, relief from the tympany and hydration by intravenous fluid administration may be of immense help in managing such cases (Jadhao et. al., 2002).

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REFERENCES