

Endoscopy assisted removal of mouth cavity foreign body in canine: A case report

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Abstract: A one-year-old dog presented with acute signs of choking, retching, coughing, vomiting, regurgitation, hyper salivation, dysphagia and odynophagia. Radiographic examination revealed the presence of a sharp, needle-like long object in the upper gastrointestinal tract (GIT). Endoscopy was considered one of the most viable treatments for the removal of upper GIT foreign bodies. Upon endoscopic examination, a tip of sharp suturing needle was observed in tongue at the upper pharyngeal region. Endoscopy-assisted removal of the suturing needle was performed under general anaesthesia.

Introduction:

Dogs with pharyngeal foreign bodies require prompt diagnosis and therapy. Success depends on the type of object, time since ingestion, location of the object, and the likelihood of associated complications. Mild symptoms such as restlessness, distress, drooling, odynophagia, retching/gagging, and regurgitation are frequent. However, serious complications, such as perforation with subsequent mediastinitis, pleuritis, or even pneumothorax are possible

(Spielman *et al.*, 1992). To avoid pressure necrosis, prompt removal should be initiated. The degree of mucosal damage is usually proportional to the duration of the foreign body entrapment (Guilford and Strombeck, 1996).

Dogs with evidence of complete occlusion or with a sharp or pointed object require urgent treatment due to the increased risk of complications. Flexible endoscopy is the therapeutic modality of choice for most cases. The key principles for endoscopic management of foreign bodies are to protect the airway, to maintain control of the object during extraction, and to avoid causing additional damage.

Case History:

A one year old Non-descript dog presented with acute signs of choking, retching, coughing, vomiting, regurgitation, hypersalivation, dysphagia and odynophagia since 24 hours.

Diagnosis:

Physical examination was not possible as suspected foreign body was deeply situated in aural cavity. Radiographic examination revealed the presence of a sharp, needle-like long object (Fig.1) in the upper gastrointestinal tract (GIT).

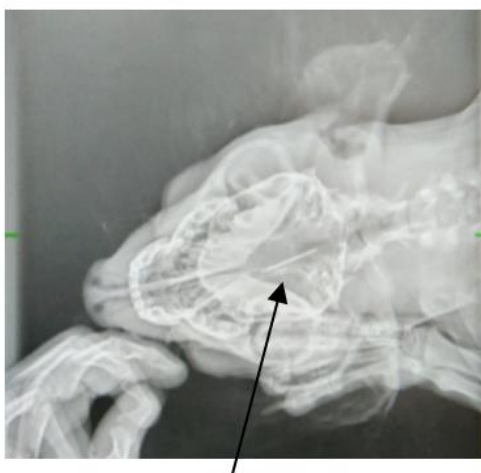


Fig.1 Metallic foreign body (Suturing Needle)



Fig.2 Black thread in endoscopic image of tongue



Fig. 3 Suturing needle with thread retrieved from tongue

Treatment:

Atropine was administered 0.04mg/ kg i/m, followed by xylazine 0.5mg/kg i/m to achieve preanesthetic sedation and after 10 minutes general anaesthesia was induced by administering Ketamine 10mg/kg along with Midazolam 0.5mg/kg intravenously.

Endoscopy probe was administered in the aural cavity in the 3rd plane of surgical anaesthesia to avoid damage to the probe along with hollow pipe external support up to molar teeth. Endoscopy image of tongue at pharynx revealed black coloured thread (Fig.2) and metallic suturing needle (Fig.3) was retrieved by application of pressure along with traction from caudal part of tongue.

Conclusion:

Pointed metallic objects are extremely painful condition, when it accidentally consumed with feed materials by animals. Metallic foreign

bodies can be diagnosed by x-ray, but non metallic sharp foreign bodies were difficult to diagnose. Small foreign bodies of aural cavity can be easily removed with the help of endoscopy, but thoracic oesophageal and intestinal foreign bodies are difficult to manage.

Reference:

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