

# SURGICAL REMOVAL OF A HARROW AND OTHER FOREIGN BODIES FROM COMPARTMENT ONE (C<sub>1</sub>) AND TWO (C<sub>2</sub>) OF A DROMEDARY CAMEL- A CASE REPORT

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Camels do suffer with pica and have a tendency to eat unusual objects or foreign bodies (Singh *et al*, 1986). Previous reports describe presence of cloth, plastic, sharp wires, nails and trichobezoars in compartment one (C<sub>1</sub>) and two (C<sub>2</sub>) (Fahmy *et al*, 1995). The accidental ingestion of a knife in a camel was reported by Purohit *et al* (1982). A few previous reports suggest ingestion of foreign bodies by camels but these did not reach to C<sub>1</sub>, instead caused oesophageal obstruction (Ramadan and Abdin- Bey, 1990 and Singh and Nigam, 1982). The present report deals with surgical removal of a cast iron harrow and other foreign bodies from C<sub>1</sub> of a dromedary camel.

## History and Clinical Examination

A male dromedary camel aged 6 years was presented to the surgery clinic with a history of owner having seen his camel ingesting a cast iron harrow and two weeks later camel became off feed.

Animal was found dull and depressed and there were no ruminal (C<sub>1</sub>) movements on auscultation. The

physiological parameters i.e. pulse; temperature and respiration were in normal range. On the request of owner rumenotomy was performed.

## Surgical Treatment

Animal was secured in sitting position with ropes and was sedated with xylazine @ of 0.2 mg per kg i.v. (Thurman *et al*, 1996). Left flank was prepared for aseptic surgery and anaesthesia was achieved by local infiltration with 2% lignocaine hydrochloride. Rumenotomy was performed as described by Gahlot (2000) (Fig 1). C<sub>1</sub> and C<sub>2</sub> were searched thoroughly for presence of foreign bodies. The foreign bodies removed included cast iron harrow measuring 8 inches, glass pieces, bone pieces and stones (Fig 2). Few glass pieces and bones were removed from C<sub>2</sub> whereas cast iron harrow, glass pieces and stones were removed from C<sub>1</sub>. Laparorumenotomy wound was closed in a standard manner. Post operatively camel was given streptopenicillin 5 gm for 7 days, phenylbutazone 3000 mg for 3 days and vitamin



Fig 1. Foreign bodies including a cast iron harrow recovered from the C<sub>1</sub> of a camel during rumenotomy



Fig 2. All foreign bodies recovered from C<sub>1</sub> and C<sub>2</sub> included cast iron harrow measuring 8 inches, glass pieces, bone pieces and stones are shown in a tray

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B complex with liver extract 10 ml for 7 days, intramuscularly. Tetanus prophylaxis was done by administering injection Tetanus Toxoid 5 ml intramuscularly. Animal was given chelated trace minerals and vitamin mixture orally 50 gm per day for 2 months. Animal made a smooth and uneventful recovery. Sutures were removed after 12 days post operatively. Animal started taking roughage 2<sup>nd</sup> day postoperatively which was gradually increased in quantity. Rumination resumed from 3<sup>rd</sup> postoperative day.

### Discussion

Camels suffer with pica particularly due to nutritional deficiency (Singh *et al*, 1986) or following an anaemia that ensues in camels suffering with haemoprotozoan diseases. In India, camels are rarely offered food supplements and requirement of minerals and vitamins are fulfilled by natural feed and forages. Ingestion of unusual objects causing obstruction has been abundantly reported in camels (Purohit *et al*, 1982; Fahmy *et al*, 1995; Ramadan and Abdin - Bey, 1990; Singh and Nigam, 1982). In present case the camel had a tendency to ingest unusual objects which were removed from C<sub>1</sub> and C<sub>2</sub> during rumenotomy in addition to an unusual foreign body - a cast iron harrow, whose ingestion was witnessed by the owner. The cause of anorexia in the said animal might have been the irritation or injury to the wall of

C<sub>1</sub> being caused by the iron harrow. It was evident during clinical examination also as movement of C<sub>1</sub> were absent. The resumption of appetite after surgical removal of foreign bodies indicate the possible reversal of inflammation of C<sub>1</sub> and C<sub>2</sub>

Such cases should be given a vitamin and mineral supplement post operatively as done in present case to cure the primary ailment.

### References

- Fahmy LS, El-Zomor S, Mostafa MB and Hegazy AA (1995). An abattoir survey of presence of foreign body in stomach of the camel (*Camelus dromedarius*). Journal of Camel Practice and Research 2(2):139-140
- Gahlot TK (2000). Selected Topics on Camelids. First Edition. The Camelid Publishers. p 320-321
- Purohit RK, Chouhan DS, Dudi PR and Choudhary RJ (1982). Surgical recovery of accidentally ingested knife in camel. Indian Veterinary Journal 59:317-318.
- Ramadan RO and Abdin - Bey MR (1990). Obstruction of the oesophagus in camels. Indian Veterinary Journal 67(4): 363-364.
- Singh AP and Nigam JM (1982). Piece of harrow in oesophagus. Indian Veterinary Journal 59:153.
- Singh KP, Malik KS and Swarup S (1986). Haemato-biochemical studies in camel suffering from pica. Indian Journal of Veterinary Medicine 6(2):79-81.
- Thurman John C, William J Tranquilli and G John Benson (1996). Lumb and Jones Veterinary Anesthesia. Third edn. William and Wilkins. p 610.