Vol 11 No 1, p 77

Short communication

RECTAL PROLAPSE CAUSED BY A FIBROMA IN A SHE CAMEL- A CASE REPORT

S.K. Jhirwal, T.K. Gahlot, P. Bishnoi, H. Dhadich and S.M. Qureshi
Department of Veterinary Surgery and Radiology,
College of Veterinary and Animal Sciences, Bikaner 334001, Rajasthan (INDIA)

Rectal prolapse is the most common surgical condition involving rectum in cattle, buffalo, camels and small ruminants. Straining due to intestinal neoplasia, foreign bodies, perineal hernia, constipation and congenital defects may lead to rectal prolapse (Singh *et al*, 1996). In camels rectal prolapse though occurs in both sexes but is common in females (Ramadan, 1994).

A she camel aged 5 years was brought to the Surgery clinics with a history of tenesmus, protrusion of rectal mass and passing of scanty faeces since last two days. Animal showed prolapse of a small segment of the mucosa of rectum. Animal was secured in sitting position with ropes and was administered 5 ml of 2% lignocaine hydrochloride epiduraly at sacrococcygeal space. The rectal mucosa of prolapsed portion was thoroughly washed with soap and water and was reduced. A purse string suture was applied around the rectum. Animal was administered 1500 mg Oxytetracycline intravenously for 5 days and 3750 mg phenylbutazone intramuscularly for 3 days. Animal was offered normal routine roughage during this period. Purse string suture was removed after one week. Animal started showing straining and resulted in rectal prolapse again 2 days after removal of suture.

Fig 1. A pedunculated fibroma attached to the rectal mucosa in a she camel.

Epidural anaesthesia was achieved by administering 10 ml of 2% lignocaine hydrochloride after a fasting of 24 hours. A simultaneous sedation was also obtained by injecting xylazine 200 mg intravenously. Animal was secured in lateral recumbency. A deep per rectal examination revealed a pedunculated growth with its attachment 8 inches cranial to the anus. It was a big orange shaped growth, which was exteriorised (Fig 1). It was thoroughly washed with soap and water. Two curved Kocher's artery forceps were applied close to the attachment. A transfixation ligature was applied close to the rectal attachment on pedicle after removal of proximal artery forceps. Pedicle was transected between ligature and artery forceps (distal). Camel was administered injection Biotrim I.V. 30 ml (Sulphadiazine-200 mg and Trimethoprim-40 mg/ml) intravenously for 5 days and phenylbutazone 3750 mg for 3 days. Rectal prolapse did not recur.

Histopathology of the resected growth revealed it to be a fibroma. Although fibromas of chest pad (Gahlot and Chauhan, 1990), urethra (Gahlot *et al*, 1995) and soft palate (Barvalia *et al*, 1998) have been reported in camels but its occurrence in rectum was not reported previously.

References

Barvalia DR, Choudhary SC, Singh V and Ojha SC (1998). Soft palate fibroma in a camel (*Camelus dromedarius*). Journal of Camel Practice and Research 5(2):313

Gahlot TK and Chauhan DS (1990). Surgical affections of chest pad in camels (*Camelus dromedarius*). Indian Veterinary Journal 67:973-975.

Gahlot TK, Choudhary GR, Choudhary RJ and Chouhan DS (1995). Urine retention due to cystic and urethral fibroma in a camel. Indian Veterinary Journal 72:980-981.

Ramadan RO (1994). Surgery and Radiology of the Dromedary Camel. Ist Edn., King Faisal University, Saudi Arabia. pp 114.

Singh J, Singh AP and Patil DB (1996). The Digestive System. In: Ruminant Surgery. Eds. Tyagi RPS and Singh J, C.B.S. Publishers and Distributors. pp 221-222.

SEND REPRINT REQUEST TO T.K. GAHLOT