## **Short Communication**

# **EVISCERATION IN A CAMEL CALF- CASE REPORT**

### R.N. Chaudhary, Satbir Sharma and Rishi Tayal

Teaching Veterinary Clinical Complex, College of Veterinary Sciences, Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar-125004, India

A ten months female camel calf was presented to the clinics with history of recent trauma by an iron angle in the left flank region leading to evisceration or intestines.

Clinical examination revealed 10 cm long skin and muscle wound in left flank area leading to protrusion of abdominal viscera including mesentry and a part of small intestine (Fig 1). The wound of abdominal muscles was of greater size than skin.

### **Surgical Procedure**

The camel calf was sedated with Xylazine HCl @0.3mg/kg intravenously and 2% lignocaine hydrochloride was topically infiltrated at the site of incision. The site was prepared for aseptic surgery. The eviscerated abdominal viscera was irrigated with sterile normal saline. The skin wound was enlarged and made bigger than muscle wound. The eviscerated viscera was manually repositioned



 $\textbf{Fig 1.} \ \ \text{Eviscerated portion of small intestine}.$ 

in abdominal cavity. The abdominal muscles were closed with chromic catgut (#3) using lockstitch pattern in two layers. The skin was sutured with silk (#2) in horizontal mattress pattern. Antiseptic dressing of the wound was done with povidone iodine till healing. Postoperatively, the animal was given strepto-penicillin 2.5gm twice a day for five days, meloxicam @0.5mg/kg twice a day for five days. The skin sutures were removed after ten days. Animal has an uneventful recovery.

#### Discussion

Punctured or penetrating wounds involving abdominal region causing evisceration have been recorded in camels (Gahlot, 2000), cattle, horses (Hassel, 2007) and dogs and cats (Gower *et al*, 2009).

Major abdominal evisceration secondary to traumatic events with sharp objects is common in ruminants (Singh *et al*, 1989). However, blunt object injury usually results in traumatic body wall herniation (Shaw *et al*, 2003). Proper care after injury, prompt reporting and immediate treatment is very useful in checking contamination and peritonitis, early discharge and uneventful recovery in dogs and cats (Gower *et al*, 2009). Similar observations were made in camel of present study also.

### References

Gahlot TK (2000). In: Selected Topics in Camelids. 1<sup>st</sup> Ed. The Camelid Publisher, Bikaner, India. pp 429.

Gower SB, Weisse CW and Brown DC (2009). Major abdominal evisceration injuries in dogs and cats: 12 cases (1998-2008). Journal of the American Veterinary Medical Association 234(12):1566-72.

Hassel DM (2007). Thoracic trauma of horses. Veterinary Clinics of North America – Equine Practice 23(1):67-80.

Shaw S R, Rozansky FA and Rush JE (2003). Traumatic body wall herniation in 36 dogs and cats. Journal of the American Animal Hospital Association 39(1):35-46.

Singh AP, Eshoue SM, Rifat JF and Fatehea NG (1989). Hernia in animals: A review of 59 cases. Indian Journal of Veterinary Surgery 10:28-30.

SEND REPRINT REQUEST TO R.N. CHAUDHARY email: rncvetster@gmail.com