

**BURN IN FORELIMBS OF A CAMEL: A CASE REPORT****S.K. Jhirwal, T.K. Gahlot and S.M. Qureshi**Department of Veterinary Surgery and Radiology, College of Veterinary and Animal Science,  
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Burns in animals are often produced by flames and hot air during fires in stockyard, pig pens and stables, less often by hot fluids and steam (Plakhotin, 1984). Burns are uncommon in camels although occasional report has appeared (Gahlot *et al*, 1980). Burns are uncommon in ruminants also but may occur due to excessive heat or cold or corrosive chemicals (Wakankar and Moulvi, 1993). The present report deals with burn in forelimbs of a camel.

**Case history and clinical examination**

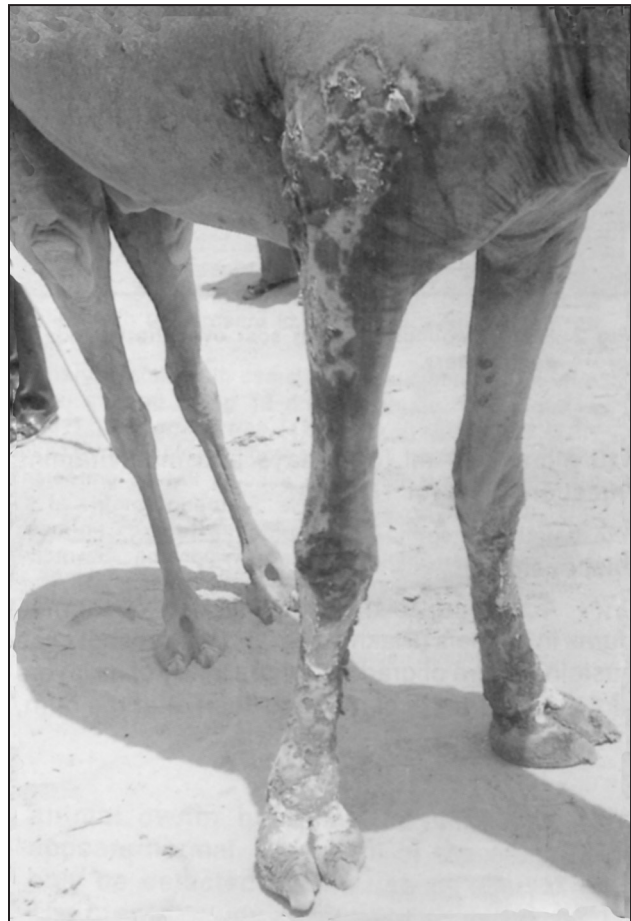
A Bikaneri camel aged 7 years was presented with a history of severe burn in both the forelimbs involving shoulder to toe region which occurred 3 weeks back due to accidental sitting of camel over burning coals covered with ash close to a brick kiln. Clinical examination revealed charred skin characterised by presence of necrosed scab attached to the multiple burn wounds from shoulder to toe. These wounds at cannon region were found on anterior and lateromedial aspect. Animal preferred to remain standing for extended period. The sitting was painful because of extensive wounds on fore limbs (Fig 1). The temperature, pulse and respiration were in normal limits.

**Treatment**

Burn area was irrigated with light potassium permanganate solution and the dead scabs of skin were removed. The wound surface was mildly curetted and gentamicin cream was applied topically. Since the bandaging of limb area was not feasible hence a cotton cloth sleeve was made conforming to the diameter and length of the limb. The protective covering prevented the wounds from soil contamination. The irrigation and gentamicin cream application were continued

daily for one week and thereafter continued on alternate days till complete scar formed by sixth week (Fig 2).

A supportive treatment consisted of intramuscular administration of Ciprofloxacin (40 mg/ml) for 10 days, phenylbutazone (200 mg/ml) and salicylic acid (20 mg/ml) and combination of 20 ml each for 7 days, chlorpheniramine maleate (10 mg/ml) 30 ml for 7 days and multivitamins injection 15 ml for 15 days.



**Fig 1.** Burn wounds at forelegs of a camel (3 weeks later).

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**Fig 2.** Healed wounds showing scar over the wounds (6 weeks later).

### Discussion

According to the classification of thermal burns in animals (Plakhotin, 1984) the present case sustained burn of grade III where injury of all layers of the epidermis occurred and soon after the burn, the skin acquired a rubbery consistency.

The burn wounds of present case became infected wounds with an overlying necrosed skin

as the case was presented for treatment 3 weeks later. For this reason the case was treated on the lines of management of infected wound but the recovery was augmented by curetting and application of gentamicin cream together with protection of wound by a cotton cloth sleeve, which prevented the wounds from ground soil and other contaminants. However, Gahlot *et al* (1980) managed the burn wound in a camel by topical application of Gentian violet jelly. This case was a fresh one and did not have extensive wounds. Singh and Gahlot (2000) has also reported burn in camel foot due to accidental stepping of foot in hot ash. Camels have a tendency to sit immediately over the source of thermal injury hence involve forelimbs first than any other part. It then keeps groaning loudly without escaping away which causes greater contact to heat and hence higher degree of thermal burns takes place (Gahlot, 2003). The supportive treatment had least role in recovery because the treatment was commenced 3 weeks later. The infected wounds healed mainly by appropriate management.

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