CONGENITAL UMBILICAL DEFECT WITH INTESTINAL EVISCERATION IN A CALF AND ITS SURGICAL MANAGEMENT

Jayakrushna Das, Sidhartha Sankar Behera, Manas Ranjan Senapati, Ananta Hembram and Monalisa Behera

Department of Veterinary Surgery and Radiology,
College of Veterinary Science and Animal Husbandry, OUAT
Bhubaneswar, Odisha, 751 003, India

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Corresponding Author : drjohndasjajpur@yahoo.co.in

A defect resulting from faulty closure of abdominal wall along its ventral midline called eventration of abdominal viscera which occurred more often in the females than the males (Gahlod *et al.,* 2008). Improper closure of the umbilical opening at birth or hypoplasia of abdominal muscles may result in permanent wall defect and lead to protrusion of internal visceral organs (Sharda *et al*., 2012). This paper presents a case of congenital intestinal prolapse through the defect in umbilicus of a calf and its surgical correction.

CASE HISTORY AND CLINICAL OBSERVATION

One day old neonatal calf was presented to Teaching Veterinary Clinical Complex with the history of prolapse of abdominal viscera through the umbilical opening at the time of birth (Photograph 1). The animal was moderately dehydrated, temperature, respiration and heart rate recorded were within normal limits. On clinical examination, the abdominal viscera contained intestinal loop and parietal peritoneum. It was diagnosed as a case of congenital umbilical defect and decided for surgical correction.

Photograph 1. Evisceration of intestine through a persistent umbilical opening

SURGICAL TREATMENT

The protruding mass was cleaned gently with lukewarm normal saline solution and covered with sterile wet cloth. The mass was sprinkled with lukewarm saline till its reposition into the abdomen. The area around the abdominal defect at the umbilicus was shaved, cleaned and prepared for aseptic surgery. The calf was sedated with Triflupromazine hydrochloride (Siquil) @ 0.2 mg/kg body weight intramuscularly. Fluid therapy was continued using normal physiological saline solution to overcome dehydration and stress. The animal was controlled in dorsal recumbency and the area around the defect was infiltrated with 2% lignocaine HCL. The umbilical opening was extended cranially and caudally by incising the skin, subcutaneous tissue and abdominal muscle on either side. The protruding mass was carefully and gently pushed into abdominal cavity. The edge of the opening was freshened. Peritoneum and muscle layer was sutured continuously using chromic catgut no. 1. Skin wound was closed by horizontal mattress reinforced with interrupted suture using sutupak suture.

Post operatively the animal was given injection Ceftriaxone @ 10 mg/kg body weight for 5 consecutive days along with injection Meloxicam @ 0.2 mg/kg body weight for 3 days and injection Tribivet (Vitamin B_1, B_6 and B_{12}) for 5 days intramuscularly. Antiseptic dressing of the wound was done with povidone iodine solution daily. One cloth strap was wrapped around the abdomen. The owner was advised to discourage over feeding and keep the animal inside a confinement. On 15th postoperative day the skin suture was removed. The animal recovered well.

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