Introduction

Dogs because of their inquisitive nature may ingest a variety of foreign bodies which include pieces of bone, needles, fish hooks, balls, strings and stones. Foreign bodies in dogs are commonly lodged in esophagus (Ryan and Greene, 1975), stomach (Rasmussen, 1999) and pharynx (Hallstorm, 1970, Macintire et al., 2005). Foreign bodies like wood pieces or bone may wedge between teeth whereas sharp objects such as needles can be found lodged in the soft tissues of oral cavity like palate, tongue or the pharynx (Hallstorm, 1970; Macintire et al., 2005).

Case history and observation

Three dogs, spitz, mongrel (female) and German Shepherd (male) aged between 2 to 4 years were presented to Referral Veterinary Polyclinic, Indian Veterinary Research Institute, Izatnagar with a history of ingestion of foreign bodies (needle in spitz and fish bones in mongrel and German Shepherd). The animals were presented with clinical signs of shaking of head, pawing at the mouth and rubbing the head against wall. Anorexia, hypersalivation and repeated attempts at swallowing were observed. One animal (mongrel) had a loss of appetite since 5 days and was dull and depressed. The dogs resisted any attempts of clinical examination.

The animals were premedicated with atropine (0.04 mg/kg intramuscularly). Pentazocine lactate (2 mg/kg IV) was administered and this was followed by diazepam-ketamine combination (diazepam-0.3 mg/kg and ketamine- 5 mg/kg). Preoperative antibiotic (ceftaxime 15mg/kg) was also administered. A thorough well lit examination of the oral cavity was performed and lateral radiographs were taken, which revealed radio-opaque foreign bodies in the pharynx (Fig. 1). In mongrel dog, pharyngeal edema was observed during the examination.

Abstract

Three dogs aged between 2 to 4 years old were presented to the Referral Veterinary Polyclinic, Indian Veterinary Research Institute, Izatnagar with clinical signs of anorexia, hypersalivation and repeated attempts at swallowing. Two cases showed shaking of head, pawing at the mouth and rubbing the head against wall, while in one case behavioral signs of depression were observed. Clinical examination and lateral plain radiograph of head and neck revealed radio opaque foreign body in the pharynx of all the animals. The foreign bodies were retrieved through the oral approach under general anaesthesia. This clinical paper reports the successful management of pharyngeal foreign bodies through oral approach using long curved artery forceps without any complication.

Keywords: Pharyngeal foreign body; oral approach; pharyngeal obstruction; dogs

Fig. 1. Radiograph showing needle in the pharyngeal region
Treatment and Results

To retrieve the foreign body, the animals were placed in the sternal recumbency and the mouth was kept fully open. The maxilla was suspended by means of bandage placed behind the upper incisors and held by an assistant. The tongue was retrieved rostrally by pulling it and cheeks were retracted laterally to allow better visualization. The foreign body was removed using long curved artery forceps. In one case due to large size of the entangled bone it was difficult to retrieve it as a whole, so it was broken into pieces and removed individually.

Postoperatively, fluid therapy with Dextrose normal saline and Ringers lactate was administered. Cefotaxime (30 mg/kg IM) was given for 5 days and prednisolone acetate (0.2 mg/kg IM) for 2 days. The owners were advised to feed liquid diets in small quantity four times a day and to start soft diet at 3rd day postoperatively. Oral cavity has high vascularization, so healing after traumatic injuries is usually fast and uncomplicated (Hallstorm, 1970). The animals recovered uneventfully in the follow up period.

References