Introduction

The ingestion of a foreign body is common problem in dogs. Rarely foreign body may become blocked in the oesophagus, particularly near the caudal oesophageal sphincter or between the heart and diaphragm which is the most inaccessible part of the oesophagus and it is easy to retrieve thoracic oesophageal foreign body through gastrotomy incision. Surgical invention was planned to retrieve thoracic oesophageal foreign body through gastrotomy incision using long forceps (HunYoung et al., 2009).

Case history and observations

Three dogs age between 3-6 years was presented to the Department of Veterinary Surgery and Radiology with the history of anorexia, attempt for vomiting, regurgitation, dysphagia, gagging, mild salivation after taking a piece of bone. Clinical examination revealed heart rate and respiratory were within physiological limits. Lateral plain radiograph of thorax revealed radio opaque foreign body was lodged between heart and diaphragm. Surgical invention was planned to retrieve thoracic oesophageal foreign body through gastrotomy incision. This clinical paper reports the successful surgical management of thoracic oesophageal foreign body through gastrotomy incision using long forceps without complication.

Keywords: Oesophageal foreign body; Gastrotomy; Long forceps

Treatment and Results

Under aseptic precaution site was prepared for gastrotomy. Atropine sulphate at 0.044 mg/kg body weight subcutaneously and xylazine hydrochloride at 0.5 mg/kg body weight intramuscularly were
given as premedication. Ketamine hydrochloride was given at 8.0 mg/kg body weight intramuscularly and anaesthesia was maintained with the combination of Ketamine hydrochloride-Diazepam 10:1 ratio. To dislodge the foreign body in to the stomach stomach tube were used unsuccessful. Gastroscopy was performed through ventral midline incision from the xiphoid to the pubis. Abdominal wall is then retracted using Balfoure retractor. Stomach was isolated from the abdominal content with moistened laparotomy sponges to reduce the contamination and incision was made at ventral aspect of the stomach between the greater and lesser curvatures, through the incision long forceps (HunYoung et al., 2009) was introduced gently to dislodge the bone piece (Meffert, 2010) from the oesophagus and removed through stomach (Haragopal and Suresh Kumar, 1996). Gastroscopy wound incision was closed by simple continuous followed by cushing suture pattern (Fig.3) using 2/0 chromic catgut.

Post operatively animal was maintained with intravenous dextrose normal saline and ringers lactate for first 5 days twice daily followed by once daily along with liquid diet, ceftriaxone at 10 mg/kg body weight and dexamethazone 0.5 ml/kg body weight and ranitidine hydrochloride 0.5 ml were given intravenously for 5 days with alternate day dressing with povidone iodine ointment. All the animals were recovered uneventfully on 9th post operative day.

References

Haragopal, V., Suresh Kumar, R.V., 1996. Surgical removal of a fish bone from the canine esophagus through gastroscopy. Canadian Veterinary Journal 37, 156.