

using PG (Vicryl) no 2/0 by Cushing and

Lembert pattern and then the laparotomy



Figure-2. Excised tumor growth and cystoliths

wound was closed as per routine manner. The catheter was transfixed at penile urethra with preputial skin. Postoperative medications included inj. enrofloxacin 5 mg/kg bwt, inj. meloxicam 2-3 mg/kg bwt with other supportive, multivitamins and local dressings. The feeding habit and managemental practices of the animal was changed as preventive measures for recurrence with cystone tab alternately and horse gram pre-soaked water orally.

Results and Discussion

The animal recovered from the problems of haematuria, polyuria and abdominal pain. The sutures were removed on 10th postoperative day and were followed up for 15 months after operation without any further complications. The animal was given cystone tab alternatively. The animals which suffered from the condition are more prone to recurrence than that of other normal animals as also reported by Fossum (2013). Hence it was followed up for 15 months without any complication. Which was confirmed by the radiological examination. The tumor growth was having one stump attachment with the wall and was cauterized with electric cautery pencil which might root out the growth of the

cell and prevent the recurrence as the recurrence rate after one year could be about 36%.

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SURGICAL MANAGEMENT OF PERINEAL TUMOR IN A DOG: A CASE REPORT

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A seven years old Labrador male dog was presented with complaints of slow-growing, non-painful mass in right lateral aspect of anus for last 5 months. Palpation revealed a soft mass with grating sensation. On clinical examination, it was diagnosed as a case of perineal tumor and surgical excision was planned. A circular skin incision was given under general anaesthesia using atropine-xylazine-ketamine protocol and the mass was separated from underlying tissues by blunt dissection. Bleeding was checked by using haemostatic forceps and application of ligatures wherever needed. The operating wound was closed routinely. Post-operatively antibiotics and analgesics were given for 5 days. Skin sutures were removed on 10th post-operative day and the recovery was uneventful. Histopathologically it was diagnosed as a lipoma.

Keywords: Labrador, Lipoma, Perineal tumor.

A perineal tumor is a type of tumor referring to the region of the perineum. Commonly seen in intact (not neutered) dogs and is the third most common tumor type. commonly seen in intact (not neutered) dogs and is the third most common tumor type. Lipomas are benign tumors of fat (adipose tissue) and are common in dogs. Lipomas are usually found in older and overweight dogs and the incidence of neoplasms increase with age (Moulton 1990). They may occur anywhere in the body, but commonly in the subcutis of the chest, abdomen, legs and axillae. They may appear in the orbital region, (Williams and Haggett 2006), perineal region (Besalti *et al.* 2004), thigh region (Thomson *et al.*, 1999) and in the body cavity (Mayhew & Brockman, 2002). These neoplasms are commonly encountered in dogs (Srivastava *et al.*, 2012), occasionally identified in cats and horses, and rarely observed in other domestic species (Aiello, 1998). The breeds most at risk are Doberman Pinschers, Labrador Retrievers, Miniature Schnauzers, and mixed breed dogs. Despite their benign nature, lipomas should not be ignored. Some tend to grow, and they may be indistinguishable from infiltrative lipomas or liposarcomas. A local resection is an operation that removes only the tumor, plus a small margin of the normal tissue around the tumor. The present paper

describes successful surgical management of perineal tumor in a dog.

Materials and Methods

A 7 years old labrador male dog weighing 30kg was presented to Teaching Veterinary Clinical Complex, C. V. Sc. & A. H., OUAT, Bhubaneswar with a complaint of slow-growing, soft, non painful mass on right lateral aspect of the anus since 5 months. Initially, the growth started as a small nodule and gradually increased to a large size over 5 months of period (Fig.1). The clinical parameters like temperature, pulse rate and respiration rate were within physiological limits. The dog was premedicated with S/C injection of atropine sulphate @ 0.04mg/kg 10 minutes followed by xylazine HCl @ 1.5mg/kg body weight intramuscularly. The general anaesthesia was achieved and maintained by ketamine @ 8-10 mg/kg intravenously and administration of incremental doses as and when needed during surgery. Dog was restrained on lateral recumbency keeping the tumour mass outward and the area around the mass was prepared aseptically. A circular skin incision was given at the base of the growth which was deepened by blunt dissection. The attachments with perineum were separated and the pathological tissue was excised completely. The haemostasis was achieved by use of haemostatic forceps and application of ligature wherever needed. The muscles and



Fig.1. Oval perineal tumour

subcutaneous tissue were approximated with absorbable suture material, catgut no. 2 for obliteration of dead tissue. The skin wound was closed by vertical mattress with black braided silk no.2.

Results and Discussion

The routine dressing with antibiotic coverage with Ceftriaxone @ 25mg/kg b.wt.

intramuscular, BID for 5 days with fluid therapy for 5 days lead to recovery without any complication. On gross examination the tumour was soft (Fig.1). Surgery was performed as also advocated by Aiello (1998) and Thomson *et al.* (1999). The excised mass 4.5 x 11.5 inches in dimension and weighed 500gm (Fig.2).



Fig. 2. Excised tumour mass(circumferential)

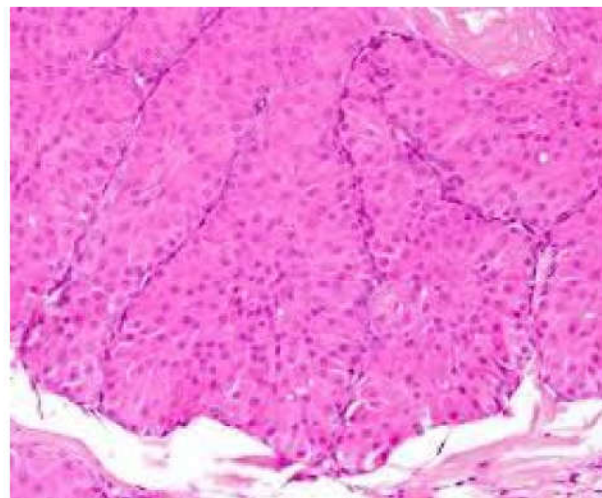


Fig.3. Well differentiated perineal adenoma with lobules composed of large and medium-sized, rounded or polyhedral cells with vesicular nucleus

The cut surface of the tumour was oily and yellowish in colour. Histopathologically numerous polyhedral cells were seen that contained fat globule (Fig.3). Anamnesis and physical examination coupled with epidemiological findings have an important role in the diagnosis and prognosis of perineal tumours. The dog made

an uneventful recovery and was followed for next 6 months.

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