

# SURGICAL REPAIR OF TONGUE LACERATION IN A TERRIER: A CASE REPORT

**N. Krishnaveni and N. Srikumar**

Star Pet Hospital, Kutchery Raod, Mylapore, Chennai

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A 1.5 years old female Terrier dog was presented to the Star Pet Hospital, Chennai with the history of bleeding from the mouth after chewing the stainless steel mosquito coil stand. On clinical examination, intermittent bleeding was noticed from the partially lacerated tongue. Animal was apparently normal. Surgical repair of lacerated tongue was done under general anaesthesia. Uneventful recovery was noticed after two weeks. No complications were noticed.

**Keywords:** Dog, Laceration, Tongue.

Lacerations of the tongue are not uncommon and can be severe. Transverse lacerations are more frequent than longitudinal lacerations. The free portion of the tongue is usually involved because of its location and this part has more exposure to the external environment. Clinical signs of laceration include oral haemorrhage, salivation, inappetance, anorexia, dysphagia, malodorous breath, pyrexia, and tongue protrusion from the mouth. Management of tongue lacerations is guided by the severity, duration, and location of the injury. Partial glossectomy, primary wound closure, or secondary wound healing are the treatment options. The special features of the surgery of

the tongue come from its location within the oral cavity and its rich vascularisation. The tongue's reaction to surgery is excellent (Sabaz and Viviana, 1999). Postoperative complications include excessive swelling of the tongue and suture dehiscence. The cosmetic appearance is usually highly acceptable.

A 1.5 years old female Terrier dog was presented with the history of bleeding from the mouth after chewing the stainless steel mosquito coil stand. Animal was apparently healthy and normal. On clinical examination, partial thickness transverse laceration of tongue was noticed with intermittent bleeding (Figure 1).



**Figure 1.** Before surgery –partial thickness transverse laceration of tongue



**Figure 2.** intra operative – simple interrupted sutures placed on tongue

Animal was pre-medicated with diazepam @ 0.25 mg/kg b.wt. I/M, butorphanol @ 0.2 mg/kg b.wt. I/V, induced with propofol @ 4 mg/kg b.wt. I/V and maintained with isoflurane 2.5%. Tongue was cleaned with diluted chlorhexidine solution and diluted povidone iodine. Primary wound closure of the tongue was done including muscle and mucosa with simple interrupted suture pattern using PGA 4-0 (Figure 2). Bleeding was controlled with digital pressure. Post operatively, the animal was maintained with intravenous fluids DNS, RL and hestarch for 3 days. Injection cefopodoxime @ 10 mg/kg b.wt., I/M, pantaprazole @ 1 mg/kg b.wt., I/M and butorphanol @ 0.1 mg/kg b.wt., I/V, were given for 3 days. On 4<sup>th</sup> day, animal was fed with soft diet for the next 1 week. No complications were noticed. Animal had an uneventful recovery after two weeks.

The most tongue injuries /lacerations caused by licking sharp surfaces. Complications are rare. Infections are not common due to the efficacy of the buccal

cavity defence system (the film of oral fluid rich in antibacterial barriers, the tongue oral epithelium, the rich vascular supply and aggregation of immunoreactive cells in the supporting connective tissue) as also reported by Harvey (1993). Early surgical management yields fruitful results as also suggested by Balappanavar *et al.* (2016). We concluded that an early intervention and prompt treatment in such tongue laceration allow complete resolution.

### References

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