

# SURGICAL EXTRACTION OF AN AIR GUN PELLET IN A DOG

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Pets get shot as most common projectile injuries seen in veterinary practice (Pavletic, 1996). More often, dogs and cats are injured by guns which are shot intentionally either because the pet is trespassed or threat to livestock or simply out of malice. Unlike bullets, most air gun pellets when fired from a distance, penetrate only the skin and the immediate underlying tissue. Most dogs with gunshot wounds that receive adequate treatment can be expected to survive (Fullington and Otto, 1997). The present report discusses a chronic case of gunshot wound and its surgical management.

## Case History

An eleven year old male Mongrel dog with the body weight of 14 kg was presented to the Department of Veterinary Surgery and Radiology, Veterinary College Hospital, Hebbal, Bangalore with the history of limping on right forelimb since eight months and a chronic sinus in the cranial aspect of metacarpal region. Physical examination revealed a sinus tract between the fourth and fifth digit and third phalanx of fifth digit was broken (Fig. 1). Animal evinced pain on palpation at the digit region and radiography of anteroposterior view of digit region revealed a air rifle pellet in between fourth and fifth metacarpal (Fig. 2). Then it was decided for surgical removal.



Fig. 1: Sinus tract



Fig. 2: Radiography showing air gun pellet

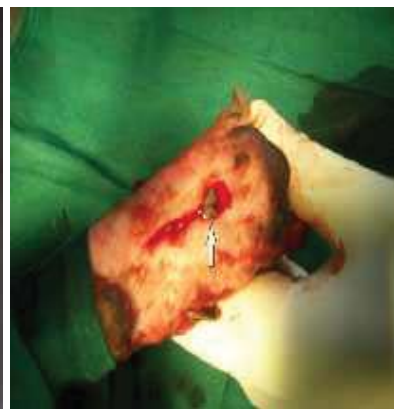


Fig.3: Removal of air gun pellet

## Treatment and Discussion

The dog was subjected for premedication with atropine sulphate @ 0.04 mg/kg S/C and diazepam @ 1 mg/kg body weight I/V. After 10 minutes, general anesthesia was induced and maintained with 2.5% thiopentone sodium I/V given to effect. Surgical site was prepared aseptically and linear incision was made above the foot pad.

Subcutaneous tissue was separated by blunt dissection and the pellet embedded in fibrosed tissue (Fig. 3) was removed and site was flushed with normal saline. Incision was closed routinely. Postoperatively, Cephalexin @ 20 mg/kg orally for seven days and Inj. Meloxicam @ 0.3 mg/kg I/M for three days was given. Skin suture were removed at 10<sup>th</sup>

postoperative day and dog recovered uneventfully.

Sharma (1997) reported successful surgical treatment of gunshot wound in elephant. Initial treatment of gunshot wounds should include, antibiotics effective against gram-positive and given negative bacteria (Fullington and Otto, 1997). The routine plain radiography and ultrasound are useful in detecting the pellets in the body and other methods like positive contrast arthrography are also being used to detect pellets in the joints (Maarschalkerweerd and Boroffka, 1996).

In the present case the chronic air gun pellet in the distal metacarpal region was detected by radiography and its successful surgical removal is reported.

#### **References**

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