RETRIEVAL OF CORN COB FROM THE INTESTINE OF DOG – TWO CASE REPORTS

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Intramural obstruction of the intestine may be as a result of bolus of incompletely digested food, dehydrated faeces or an ingested foreign body due to indiscriminate eating habits of pet animals (Ellison, 1990). The radiograph is still good for diagnosis of intestinal obstruction due to foreign bodies like stone, plastic bottle cap, trichobezors etc. (Gibbs and Pearson, 1973; Singh et al., 2004). The intestinal obstruction often can be identified on careful physical examination of abdomen. Radiographic examination clearly depicts the obstructing radiopaque foreign body and in case of radio-lucent foreign bodies contrast helps in confirming the intestinal obstruction (Raghavender et al., 2008). The present paper reports, the successful surgical management of intestinal obstruction caused by corn cob in two dogs.

A two year old male German Shepherd dog (Case. 1) was presented to the Veterinary College Hospital, Bangalore with a history of chronic vomition and dyschezia since four days and another Great Dane dog two years of age (Case. 2) was presented with the similar complaint. Animals were kept on hydration and antibiotics. The survey radiographs did not clearly demonstrate the intestinal obstruction except for gas filled intestines. The 12 hr Barium Intestinal Transit Time study revealed complete stasis of barium in the small intestine and demarcation of foreign body surface (Fig. 1) suggestive of intestinal obstruction in both the cases. Hence, both the animals were subjected to exploratory laparotomy.

The dogs were prepared for coeliotomy with premedication of atropine sulphate @ 0.04 mg / kg body weight subcutaneously and Triflupromazine hydrochloride @ 1 mg / kg body weight given intravenously. After 10 minutes, 2.5% thiopentone sodium was administered to induce general anesthesia at the dose rate of 25 mg / kg body weight given to effect. Coeliotomy was performed. Abdominal cavity was explored and the intestinal loop containing a mass was palpated and exteriorized out of abdominal cavity (Fig. 2). Enterotomy was performed at the

**Fig.1:** Radiograph demonstrating barium filled intestine with foreign body in the intestine (Case 1&2).
antimesentric border and the mass was exposed (Fig. 3). It was gently pulled out with the help of forceps. After removal, it was found to be corn cob in both the cases. The intestine was closed with 2-0 chromic cat gut by placing simple interrupted sutures. The abdomen was lavaged with warm normal saline and about 250 mg of metronidazole solution was placed into the abdominal cavity. The abdomen wall was approximated with simple interrupted sutures using No. 1 Polyglactin 910 (Vicryl No 1, Johnson and Johnson, Aurangabad) and subcutaneous tissue by simple continuous using No. 1-0 chromic cat gut and skin edges were approximated by horizontal mattress using No. 1-0 polyamide (Linex, Futura Surgicare Pvt. Ltd., Bangalore).

![Fig.2: Enterotomy showing the intraluminal foreign body (Case 1&2).](image)

Post-operatively, ceftriaxone (Intacef, Intas pharmaceuticals Ltd., Ahmedabad) at the dose rate of 20 mg/kg body weight was administered intravenously for 7 days. The animals were maintained on parenteral alimentation with Ringer’s lactate and 5% dextrose administered twice daily for three days along with 250 mg of metronidazole intravenously. Animals were allowed to take water and liquid diet by 4th post-operative day and solid food by 7th post-operative day. Skin sutures were removed on 10th post-operative day. Both the animals made an uneventful recovery.

![Fig.3: Foreign body removed through enterotomy (Case 1&2).](image)
Ingestion of foreign bodies is more frequent in pure breed dogs (83.74%) than in mongrels. The main symptoms of intestinal obstruction caused by ingested foreign bodies noted in 70% of patients were anorexia, vomition, dehydration, depression, absence of faecal discharge, abnormal appetite and increased abdominal wall tension as reported by Capak et al., (2001). The radio-opaque foreign bodies like stone, hair balls and faecal balls are readily visualized and offered no diagnostic challenge, but radiolucent foreign bodies like plastic bottle cap presents a difficult diagnostic challenge (Raghavender et al., loc. cit). In the present cases survey radiographs did not demonstrate the foreign body and the contrast radiographs helped in diagnosis of intestinal obstruction tentatively and confirmatory diagnosis was made by exploratory laparotomy. Among the various types of intestinal obstructions occurring in small and large intestine, a rare case of intestinal obstruction due to corn cob was surgically managed successfully.

References