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A Case of Multiple Foreign Bodies

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3**A Case of Multiple Foreign Bodies.**

On Jan. 11, 1944, a 1-year-old, black Percheron mare was admitted to the Stange Memorial Clinic. The anamnesis volunteered by the owner was incomplete in that the etiology of the condition was unknown. Apparently, 3 days previously the horse had returned from the field with an injury located on the posterior medial side of the left thigh. At the time of entrance into the clinic, the wound was exuding a copious amount of purulent material, and a slight swinging leg lameness was being exhibited which was probably secondary in nature. Swelling and edema existed between the wound and the hock joint.

The animal was restrained in the stocks to facilitate an undisturbed clinical examination. The area around the injury was cleaned and shaved, and the wound was explored with a blunt-pointed probe. The investigation revealed that the wound extended in a dorsal anterior direction for a distance of about 8 in. Further probing indicated that a foreign body was present in the depth of the wound.

Removal

The operator next attempted removal of the foreign body with a forceps. After several attempts, 2 rather large splinters were removed. Their appearance and structure suggested that they might have been broken from a tree limb. The wound was then irrigated with liquid bipp. The tail was wrapped with gauze to prevent it from contaminating or irritating the wound. Fifteen-hundred units of tetanus anti-toxin were injected subcutaneously in the neck region, and the animal was retired to its stall.

Routine treatment for the next 4 days consisted of cleaning the wound with potassium permanganate (1:3000), and irrigating it with liquid bipp. This treatment, however, was not very successful, as the purulent exudate continued. No evidence of healing was suggested by the appearance of the wound.

Re-examination was in order, and the operator again explored the puncture

wound. This time 3 more splinters were located. They were removed from their obscure lodging place which angled in an anterior ventral direction from the inner end of the original wound. X-ray pictures were then taken to assure that no more foreign bodies were present.

Again the wound was routinely treated with potassium permanganate (1:3000) and liquid bipp. Exudation soon stopped, the swelling disappeared, and granulation tissue grew into the wound. While in the clinic the horse was periodically administered sulfanilamide per os as a prophylactic measure against generalized infection. On Jan. 25, 1944, the patient was discharged.

—Virgil M. Reinhart, '44

4**Prenatal Ascarid Infection.** Many cases of ascarid infection of prenatal origin have been diagnosed at the Stange Memorial Clinic. One such case, typical of many, is picked at random for discussion.

On Dec. 30, 1943, a male Cocker Spaniel, 7 weeks old, was admitted to the clinic to be examined for intestinal parasites. A fecal examination was made and *Toxocara canis* ova were found. The age of the puppy suggested prenatal infection with the parasite. A 000 capsule (approximately 1 cc.) of a mixture of 42.3 per cent normal butyl chloride and 57.7 per cent castor oil was administered. The dog was discharged the same day.

The pathogenesis of prenatal ascarid infection is rather interesting. The eggs of the parasite are ingested by the dam. These eggs hatch when they reach the intestine of the animal. The larvae which are released then burrow their way into or through the intestinal wall and from the intestine they travel to the liver either via the blood stream or by migration through the peritoneal cavity. The blood stream carries them from the liver to the pulmonary capillaries where the majority of the larvae are stopped and given an opportunity to escape into the pulmonary alveoli. While in the lungs, they grow and