Intra-inguinal Cryptorchidism in Swine

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The spleen were replaced in the abdominal cavity, and the peritoneum and rectus abdominus muscle were sutured with No. 1 chromic 10-day catgut. The fascia of the rectus abdominus was sutured next. Sulfanilamide powder was dusted into the suture recess and then the skin was sutured with No. 1 dermal interrupted suture. A sterile pack was placed over the incision and held in place by a many-tailed bandage which was kept on the patient for 7 days. Ten cc. of blood plasma were given intravenously followed by 50 cc. of physiological saline and dextrose.

Post-operative Care

The patient was not hospitalized. On the day following the operation he refused food, which was probably due to soreness from the operation. Enemas were given every other day for 4 days. The condition and the attitude of the patient were good during the post-operative period. On the fourth day, this dog was in a fight with a Cocker Spaniel, which left no noticeable effects. On the fifth day following the operation, every other dermal stitch was removed, and on the seventh day the remainder were removed. The wound healed by primary union, and a complete recovery is reported.

—Dr. A. Mack Scott, D.V.M.
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Intra-inguinal Cryptorchidism in Swine. One of the most frequent and economically important arrests in development in swine is cryptorchidism. This is a condition in which one or both testicles fail to descend into the normal position in the scrotum. Its frequency of occurrence in hogs is illustrated by reports from federal inspectors-in-charge at various packing centers in the United States which reveal that 10 to 30 cryptorchids are found in each 10,000 head inspected. This is a significant figure when one considers that the average monthly receipts in Chicago alone are 480,000 hogs.

The typical cryptorchid testicle is small, soft, fetal in type, and does not produce spermatozoa. When only one testis has descended into the scrotum it undergoes compensatory hypertrophy and functions freely. Unilateral cryptorchids, though the scrotal testis functions satisfactorily, are not desirable as sires because of the constant peril of transmission of the defect to the progeny. It is found that where it is customary for large numbers of hogs to run at large, cryptorchidism exists in a greater percentage than elsewhere, because of lack of proper breeding control of the affected animals. Castration of such individuals is desirable since they not only transmit this defect, but the cryptorchid testis may taint the flavor of the meat or produce undesirable sex characteristics when the animal reaches sexual maturity.

Clinical Examination

A 225 lb. Poland-China boar was presented at the Stange Memorial Clinic on Feb. 7, 1944. The owner stated that the animal was a “ridgling” and wanted it castrated. Clinical examination revealed that the right testicle had descended into its normal place in the scrotum while the left testicle was not apparent and could not be palpated. A tentative diagnosis of abdominal cryptorchidism was made and surgery was employed.

The boar was restrained on a swine operating table, and the scrotal and inguinal regions were prepared in anticipation of a laparotomy. A local anesthetic of 2 percent procaine was infiltrated into the operative site. Beginning 5 cm. anterior to the brim of the pelvis, an 8 cm. incision was made through the abdominal wall 2 cm. to the left of the linea alba. The abdominal and pelvic cavities were explored through this incision but no testis could be found. Further palpation revealed that the vas deferens passed through the internal inguinal ring and that removal of the testis would require another incision over the inguinal canal. The abdominal incision was closed by suturing the peritoneum with a continuous row of catgut sutures, the fascial...
Photo illustrating the contrast in size between the normal right testicle and atrophic left testicle which had not descended into the scrotum.

sheath of the rectus muscle with a similar row, and the skin with silk.

**Operation**

Two incisions were next made, one on either side of the median line in the inguinal region just anterior to the scrotum. The left inguinal canal was explored and found to contain an atrophic testicle. It was removed by traction. The normal right testicle was drawn out of the incision from its attachment to the scrotum and was severed from the spermatic cord with an emasculator as high in the inguinal region as possible. The wounds were left open, and the pig was discharged. The accompanying photograph illustrates the contrast in size of the right and left testicles.

**REFERENCE**


—V. M. Reinhart, '44

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5 Surgical Wound Treatment. Injuries in dogs, which are the result of fights, vary greatly in location and in severity. The following is a case in which the right zygomatic arch was fractured and a hernia produced in a fight with another dog. The patient in this case was a 5-year-old Black and Tan Terrier male which was brought to the Stange Memorial Clinic on March 3, 1944. The owner stated that the dog had been in fights with other dogs, and that he had acquired an enlargement on the abdominal wall, which had become lacerated in one of the fights. Also, there was a deep wound posterior and ventral to the right eye.

The patient was anesthetized with nembutal intravenously, and the areas around the wounds shaved and disinfected. The clinician then cleaned the abdominal wound and sprinkled it with powdered sulfanilamide. An adhesive tape support was placed over the hernia and around the body. This was done to prevent further development of the hernia until such time as it could be reduced surgically. The wound on the head was examined and it was found that the zygomatic arch was fractured. Ventral drainage was provided by removal of a small piece of tissue below the wound. Hemorrhage was controlled with ferric subsulfate and a sterile gauze pack placed over the affected area. The next day this pack was removed and the wound was treated with sulfanilamide powder. Routine wound treatment with sulfanilamide was applied to both wounds daily until March 9, when the patient returned home.

**Further Treatment**

On March 30, the patient was returned to the clinic for further treatment. By this time the wound on the ventral hernia had healed sufficiently to permit surgical reduction of the hernia. The wound on the head had developed a persistent fistulous tract which suggested that a sequestrum lay at the base of the tract. The dog was given a basal anesthetic of morphine, 32.5 mg., and atropine sulfate, 0.65 mg. The anesthesia was com-