Bilateral, Corneal, Dermoid, Cysts

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in the posterior extremities. The thiamine therapy is being continued.

In view of the progressive recovery shown by this patient a favorable prognosis is offered.

R. M. Hacecky, '50

3

Bilateral, Corn eal, Dermoid, Cysts. A 7-month-old Angus bull was admitted to the Stange Memorial Clinic, April 12, 1949. The bull had a proliferative epithelial growth, about \( \frac{3}{4} \) inch in diameter, covered with hair on each eye. In other respects, the bull was apparently normal.

Each growth was attached to the sclera and extended over on to the cornea on the lateral side. Normally, growths of this type cause considerable conjunctivitis from the irritation by the hair. However, conjunctivitis was not present in this case because the growth was quite high and protruded between the eyelids. Therefore, the hair did not come in contact with the conjunctiva enough to cause irritation.

After it was determined to surgically remove these growths, the patient was restrained on the table in right lateral recumbency. The conjunctival sacs were irrigated freely with 2 percent boric acid solution. Four percent butacaine sulfate solution in sterile water was applied next for anesthesia. The butacaine sulfate was dissolved in plain sterile water because it will precipitate out of solution in physiological salt solution. With an eye dropper, several drops were placed in each eye and a pad of sterile cotton placed over the eye to hold the butacaine sulfate in place. This process was repeated three times so that satisfactory anesthesia could be obtained.

The eyelids were then held open by an assistant. The dermoid growths were grasped with a small pair of hemostats and then carefully dissected loose from their attachments with a very sharp, thin-bladed scalpel. Care was taken so that the interior of the eyeball was not opened.

Slight hemorrhage developed but was not of any significance. The eyes were then again irrigated with 2 percent boric acid solution and finally an ophthalmic ointment containing merthiolate 1:5,000 was applied. The owner was given a tube of the ointment and instructed to place some in the conjunctival sacs once a day.

No explanation for these growths has been determined and there was no history of inbreeding, other than that which is genetically present in most purebreds. However, Ayres reports that dermoid cysts are commonly found along the lines of fusion of embryonic structures. Lesbre reports finding dermoids of the conjunctiva which are transformations of its epithelium and are characterized by a
covering of hair and complete opacity when it extends on to the cornea.

In this case there was no conjunctivitis present but in many cases it is very marked with a copious mucopurulent exudate. Because of the absence of conjunctivitis, this bull was not brought in for treatment until seven months of age. Ordinarily such animals are treated early in life because of the extensive conjunctivitis.

A number of similar cases have been operated in the clinic in the past few years with a high percentage of success. Operative wounds heal very readily but the part of the growth adhered to the cornea leaves a scar which interferes a little with vision but is usually not significant.

Leland F. Bunge, '50

Anomalies of the Eyes and Uterus. A black, female Cocker Spaniel, one year of age, was admitted to Stange Memorial Clinic on March 21, 1949 for an oophorohysterectomy and the removal of a dermoid cyst from each eye.

The dog was given ¾ of a grain of morphine sulfate and 1/100 of a grain of atropine sulfate as a basal anesthetic. It was then placed upon the operating table in a dorsal recumbent position, the urine was expressed and the operative area was washed with soap and water. The area was then shaved, defatted with ether and sprayed with 70 percent (by weight) ethyl alcohol.

The operating table was tipped to a vertical position and a sterile rubber shroud was placed over the animal with an opening over the posterior umbilical area. Anesthesia was completed with ether and an incision about ½ inch in length was made about 1 inch posterior to the umbilicus. The incision was held open with a wound retractor and the left uterine horn and ovary were pulled through the incision with a Covault oophorectomy hook. The pedicle of the left ovary was clamped off with an angiotribe and the vessels ligated with No. 3 plain catgut. The left ovary was cut away from the pedicle and the left horn was then followed posteriorly to the body of the uterus. At this point difficulty in exposing the right uterine horn was encountered and the abdominal incision had to be enlarged. The right horn was found to be increased in size to about 2 inches in diameter and about 15 inches in length. The horn was filled with a turbid fluid which could not escape due to what appeared to be a congenital occlusion at the junction of the horn and the body of the uterus.

The right pedicle of the ovary was clamped off with an angiotribe, ligated and removed in the same manner as described for the left ovary.

The body of the uterus was clamped, ligated and the anterior portion was removed with the horns and ovaries.

The table was then tipped back to the original horizontal position and the peritoneal incision was closed with a continuous suture using No. 2 plain catgut. The incision through the skin and muscles of the abdominal wall was closed with interrupted sutures using silk suture material. A sterile gauze pack was placed over the incision and a roller bandage wrapped tightly around the body of the dog.

The dog was then placed in a ventral recumbent position. The dermoid cyst of the left eye which was located at the lateral canthus was incised, and the hair and follicular material found in the cyst were removed. Two interrupted sutures were used to close the lateral canthus.

The dermoid cyst of the right eye in-