1961

Congenital Hip Dysplasia

Robert Creel
Iowa State University

Follow this and additional works at: http://lib.dr.iastate.edu/iowastate_veterinarian

Part of the Small or Companion Animal Medicine Commons, and the Veterinary Anatomy Commons

Recommended Citation
Available at: http://lib.dr.iastate.edu/iowastate_veterinarian/vol23/iss1/12

This Article is brought to you for free and open access by the College of Veterinary Medicine at Digital Repository @ Iowa State University. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized administrator of Digital Repository @ Iowa State University. For more information, please contact digirep@iastate.edu.
Siamese cats. This is a nuisance to the owner and is especially objectionable when the cat belongs to a tenant of an apartment house. It was under these conditions that a male Siamese cat was presented to our clinic. A ventriculocordectomy was suggested under the stipulation that it would be an experimental procedure and that the staff would be operating without previous experience or information regarding the procedure. Permission was granted and the cat was admitted the following morning for surgery.

For purposes of organization of presentation, a mention of the instruments used will precede the description of the procedure. A small mouth speculum was used to hold the jaws open. Three Allis tissue forceps were employed in conjunction with one rat-toothed tissue forceps and a pair of fine pointed scissors in the actual surgery. Two curved hemostats were used to form cotton swabs.

Thirty minutes prior to surgery a subcutaneous injection of 1/100 grain of atropine was given to inhibit excessive salivation into the surgical field. Five cubic centimeters of 2.5% Surital was readied, and the anesthetic given to effect in the right cephalic vein. The head of the cat was secured by an attendant with the animal lying on its back. The spring-type speculum was placed between the superior and inferior canines on the left side and the jaws opened widely. The tongue was grasped with a gauze sponge and drawn anteriorly, revealing the laryngeal structures. One Allis forceps was used to grasp the tip of the epiglottis which, when pulled forward, exposed the arytenoid cartilages. The arytenoid cartilages were each in turn secured with an Allis forceps and the entire larynx was pulled into view. The structures of the cat’s larynx allow movement far forward into the oral cavity. The false vocal cords, extending from the cuneiform cartilage to the thyroid cartilage on the laryngeal floor, were very prominent and could easily have been mistaken for the true vocal cords. The true vocal cords were injected with epinephrine, a procedure employed to prevent excessive post-surgical hemorrhage.

After the true vocal cords had been “ballooned” with epinephrine they were grasped with the rat-toothed forceps and removed with the aid of a pair of scissors. A minimum of hemorrhage followed. After removal of the forceps and speculum, the cat was returned to the recovery cage.

It was noticed the next day that the cat could still produce a distinctive Siamese yowl, but the cat was discharged from the hospital with a prognosis that connective tissue formation in the area would change the results.

Ten days later the client reported that the cat could still caterwaul but the frustration over lack of volume seemed to discourage him from doing so as often.

---

John Jensen ’61

---

Congenital Hip Dysplasia. On April 8, 1960, an 8-month old Saint Bernard female was admitted to the clinic with a history of incoordination of the hind limbs since March. The incoordination had become increasingly worse.

Physical examination at the time of admission revealed the following: (1) difficulty in rising, (2) a peculiar swaying gait with most of the hindquarter weight being placed on the left leg, (3) tendency to lose equilibrium, (4) muscular atrophy of the right hip area, (5) pain of the right hip area on palpation. A tentative clini-
cal diagnosis of severe congenital hip dysplasia was made and a radiograph was requested.

A ventrol-dorsal radiograph revealed luxation of the right coxofemoral joint with coxoplana of the right femoral head and subluxation of the left coxofemoral joint. The radiographic interpretation confirmed the clinical diagnosis.

Congenital hip dysplasia is a malformation of the coxofemoral joint. The primary defect is delay in the proper development of the acetabulum, but as the name implies, the condition may involve all of the skeletal structures of the hip. The normal acetabulum has a concentric shape while here the acetabulum has assumed an elliptical shape. This allows the femoral head to slide over the acetabular rim when moved. The continual subluxated movement is the cause of coxoplana of the femoral head.

Breeds commonly affected are German Shepherds, Newfoundlands, Great Pyrenees and the English Bulldog. Congenital hip dysplasia will manifest itself from very mild forms to the very severe forms. Owners should always be advised not to breed these affected animals because of the hereditary perpetuation factor.

Surgical or medicinal treatment of animals to be saved for pets is of little practical value. Since this was such a severe form, euthanasia was recommended.

Robert Creel ’61

At the National American Veterinary Medical Association Meeting, August, 1960, Dr. Lester H. Phipps (ISCU '20) completed two 3 year terms as a member of the National Board of Veterinary Medical Examiners.

Iowa figures for last year (1959) show that 251,000 cows were included in artificial breeding programs including 43 percent of Iowa’s dairy stock. Expenditures for the program was approximately two million dollars.