

1944

Costal Fistula

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Recommended Citation

DeValois, D. G. (1944) "Costal Fistula," *Iowa State University Veterinarian*: Vol. 6 : Iss. 3 , Article 8.
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol6/iss3/8

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CLINICAL MEDICINE

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1 **Costal Fistula.** On Dec. 1, 1943, a gray Percheron mare was presented at the Stange Memorial Clinic. The history given by the owner revealed that the horse had been kicked the previous summer, and an enlargement had occurred at the site of the injury. A fistulous tract had been established on about Aug. 1, and had been draining since then. Examination showed that the enlargement was on the lower one-fourth of the left thorax, at approximately the line of diaphragmatic attachment.

On Dec. 4, the area was prepared for operation, and the patient placed on the operating table. Basal anesthesia was accomplished by the oral administration of 1½ oz. of chloral hydrate. The operator made an incision through and ventral to the fistulous tract. A piece of rib about 2 in. long was found lying loose at the depth of the tract. This portion of rib and several smaller sequestra were removed along with a considerable quantity of inspissated pus. Ventral drainage was provided as nearly as possible, and the wound was packed with sulfanilamide packs. Then the incision was closed with a continuous heavy silk suture.

The sutures and packs were removed on the second day following the operation, and the wound was flushed with liquid bipp. Although no general infection resulted, sulfanilamide was administered per orum for a few days as a prophylactic measure. The wound was left open to heal by granulation, and flushed with liquid bipp daily until dis-

charged. The recovery was successful and uneventful.

This condition is a rather common sequel to the injuries of the thoracic region, especially in the equine. However, many times, instead of a sequestrum at the bottom of the fistulous tract, there may be a suppurative osteomyelitis of the rib. Thus, it is necessary to resect the rib and remove the affected area. If the infection has extended throughout the greater part of the rib, as it often does, recovery is very difficult to attain because the suppurative discharge will continue.

—D. G. DeValois, '44

2 **Removal of a Nasal Obstruction.** On Nov. 18, 1943, a 3-year-old sorrel gelding was brought to the Stange Memorial Clinic with the history of difficult breathing. Upon examination it was found that the left nostril would pass very little air, and a loud snoring sound