

1944

# Removal of a Nasal Obstruction

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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

was emitted when the animal was excited. Attempts at locating and determining the nature of the obstruction were unsuccessful because it was too far back in the nasal cavity. A stomach tube could be passed about 6 or 7 in. into the nose before being stopped. The horse was placed on the operating table and probing revealed a soft structure in the cavity. Thinking it might be a foreign body, the operator passed a Knowle's forceps which ruptured a cyst containing considerable serous fluid of a deep orange color. The nostril could then pass two-thirds the normal amount of air. It was thought that the cyst would perhaps continue to drain and then heal, but the next morning the left nasal passage again was almost completely occluded.

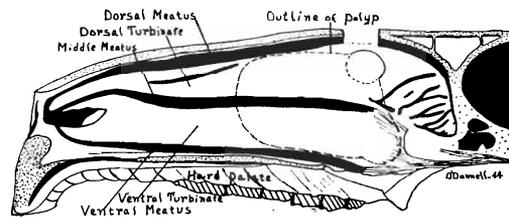
#### Temperature Rise

During the 11 days required to obtain the owner's consent to a radical operation, the temperature rose to 104.6° F. and then returned to normal. It is believed that the rise in temperature was caused by the inflammation set up when the polyp was punctured. The rise in temperature was noted on the third morning following the puncture. The temperature remained elevated for 3 days, and during that time it was treated by daily administration of sulfanilamide, 3 oz., per orum. No further treatment was given before the operation.

#### Anesthesia

The animal was given 1¾ oz. of chloral hydrate by means of the stomach tube and 20 minutes later was placed on the operating table. A large area over the left nasal passage was shaved and disinfected with tr. of iodine. Anesthesia was completed with 1¼ oz. chloral hydrate intravenously. With a chisel and trephine a 1 in. x 2 in. opening was made into the nasal cavity just lateral to the median line at the level where the nose widens abruptly. The opening exposed a portion of the polyp which was removed with a large forceps. The wall of the cyst was found to be ¼ in. thick. Further exploration revealed that the

dorsal turbinate was also involved, so it too was removed.



Longitudinal section of a skull outlining location of polyp.

To arrest hemorrhage the left nasal passage was then tightly packed with gauze pads impregnated with equal parts of boric acid and sulfanilamide powder. This was accomplished by tying two 18 in. pieces of umbilical tape on the first pack. Special precaution was taken to make this first pack fit snugly in the posterior portion of the nasal passage. Then the 2 pieces of tape were spread laterally with the ends hanging from the external nares. The rest of the packs were placed between those strips of umbilical tape. When all the packs were in place the ends of the tape were tied together. The animal was removed from the table, rolled over on the left side to facilitate breathing, and left to recover from the anesthesia.

Three oz. of sulfanilamide were given per orum the first day following the operation and 2 oz. daily were given the next 9 days. This was given as prophylactic treatment against infection. The animal ate and drank well, but a seropurulent exudate drained from the left nostril when the animal moved about. Forty-eight hours following the operation the packs were removed. Sulfanilamide powder was sprinkled upon the wound. On the sixth day following the operation the wound was irrigated with warm potassium permanganate solution (1:3000). This was continued daily for the next 9 days. The wound was healing nicely by granulation when the animal was discharged on Dec. 17, 1943.

—H. J. Engelbrecht, '44