Unusual Coxo-femoral Luxation

H. M. Atkinson
Iowa State College

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It showed an enlargement on the left side in the area of the prefemoral lymph nodes and another below the paralumbar fossa on the same side. According to the owner, these growths had been present for several weeks. The owner also indicated that the animal had been off feed.

Examination revealed a watery diarrhea and a bloated condition. The latter was apparently chronic as the animal showed evidence of having been trocharred twice previously. The bloat recurred several times during the animal's stay at the clinic. The blood count was normal.

Palpation per rectum revealed a growth about 30 cm. in diameter just to the right of the vertebrae at the anterior end of the pelvic cavity. A biopsy specimen of the growth in the prefemoral area was taken and diagnosis of lymphocytoma was subsequently made.

On June 7, the animal was taken to the post-mortem laboratory and destroyed by electrocution. Examination at this time revealed massive lymphocytomatosis, especially of the visceral lymph nodes, several weighing a pound or more. The splenic corpuscles were hyperplastic. No metastasis to the adjacent organs was noted.

**Usual Picture**

Bovine lymphocytoma as an entity has received relatively little attention or investigation. It has been concluded by Creech and Bunyea that this disease is non-transmissible and is not caused by anything of an infectious origin. The disease is usually attended by a failure to eat at some time during its course. The tendency to bloat is often noted, as is posterior or even general paralysis. The fact that any lymph node in the body may be affected makes possible the great variety of symptoms at different times noted. It must be said that the blood pictures, while often showing a differential count approaching or exceeding 65 percent lymphocytes, is at times normal and may at times show itself subnormal.

Lymphocytoma of food animals occurs by far the most commonly in cattle. The following figures from the Federal Meat Inspection Service indicate the ratio of condemnation of some of the species: cattle, 1 in 8500; calves, 1 in 149,000; horses, 1 in 201,000; swine, 1 in 220,000 and sheep, 1 in 1,174,000.

---Lyle Scott Jr., '45

**References**


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**4 Unusual Coxo-femoral Luxation.**

In discussing coxo-femoral luxations in the dog, it is to be emphasized that anatomy does not play a major role in determining the type of luxation. In the dog, as in the human, the direction of the force causing the luxation is the determining factor. The most common dislocation is the superior-anterior type in which the acetabulum is forced below the head of the femur. The superior-anterior type of luxation is most commonly caused by a blow directed at the body thus snapping the ilium downward while inertia holds the leg stationary. However, in rare conditions, one of which will be discussed later, the leg receives the force of the blow. In this case the ilium remains stationary while the head of the femur is forced ventral to the ilium.

The patient that stimulated interest in this condition was a 4-year-old male Boston Terrier presented at the Stange Memorial Clinic on June 21, 1944. A general examination revealed the limb to be fixed in a backward, adducted position, upon which the animal refused to stand. These symptoms indicated a luxation. To facilitate further examination the animal was anesthetized with nembutal. A fluoroscopic examination was made to determine the relationship of the structures involved. It was observed that the head of the femur was ventral to the ilium as well as medial and anterior to the acetabulum. This represents one of the aforementioned rare luxations.

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*Summer, 1944*
With the diagnosis completed and the anesthesia still in effect, reduction was started. The procedure of choice was determined by the pathology present. In this case the patient was placed in a lateral recumbent position with the injured side up. An assistant steadied the pelvis of the animal while the operator applied gradual tension toward the extremity of the leg. Traction was applied to the injured member and simultaneously pressure was applied to the medial side of the leg. In this way the head of the femur was placed dorsal to the ileum, that is, a superior-anterior luxation was effected. From this more common position the lower part of the extremity was grasped with the right hand, and the left thumb was placed over the trochanter major. Gradual tension was applied on the extremity with the leg in definite abduction. Outward rotation and tension was increased until the member was of equal length with its fellow. Then, with the tension maintained, the leg was rotated inward. The femur dropped readily into the acetabulum.

**Immobilization**

The affected member was moved in several directions to ascertain that normal motion would not again cause dislocation. A yucca board splint was placed on the leg to guarantee immobility while healing. Two days later the splint was removed and the animal was allowed to use the member. The patient, making an uneventful recovery, was discharged 5 days after its entrance. At the time of discharge the animal showed no signs of malfunction.

—H. M. Atkinson, '45

### Inguinal-mammary Enlargement in a Dog

A 10-year-old female Fox Terrier was admitted to the Stange Memorial Clinic on June 23, 1944. The history presented was that of a growth on the mammary gland which had been slowly enlarging. The dog's general condition appeared good; however, there was an enlargement in the left inguinal and posterior region. The enlargement extended from the immediate inguinal region to within 2 cm. posterior to the umbilicus. There was some deep fluctuation indicating the presence of an abscess. A diagnosis of neoplasm of the mammary gland with abscessation was made.

On June 24, the dog was prepared for the removal of the enlargement. It was given 32.5 mg. of morphine as a basal anesthetic and 0.65 mg. of atropine sulfate to inhibit the salivary secretion. The operative area was shaved, cleaned and defatted with ether. Seventy percent alcohol was sprayed on the area as a pre-operative skin antiseptic. The dog was restrained and merthiolate ointment (1:5000) was placed on the exposed nasal membranes and in the conjunctival sacs to protect them from irritation due to ether. Ether was the general anesthetic used.

**Surgical Procedure**

A skin incision approximately 5 cm. long was made over the enlargement. By blunt dissection, the neoplasm and abscess were exposed. The vessels supplying the neoplasm were ligated and the removal of both followed. After the removal of the enlargement, an inguinal hernia was found. The hernia was corrected by closed reduction. No. 2 plain catgut was used to close the inguinal ring. The skin was closed with interrupted sutures of No. 3 nylon suture material. A continuous suture then followed to bring the wound edges in closer apposition. Sterile talcum was dusted on the wound and this in turn was covered by sterile sponges and a roller bandage.

Further treatment consisted of alternate removal of the skin sutures, dusting with sulfanilamide powder and daily replacement of the roller bandage. The last suture was removed June 30 when recovery seemed quite apparent. However, during the night the skin wound and inguinal ring broke open producing an inguinal hernia which was found protruding from the wound the following morning.

*The Veterinary Student*