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Chronic Bilateral Paralaryngeal Abscesses in a Hereford Bull

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glands of the left side, it was decided to remove these entire glands. An involvement of the left superficial inguinal lymph node also was suspected, so this node was removed, care being taken to dissect out the tissue containing the lymph vessels which drained from the fourth and fifth mammary glands of that side to the lymph node. Separate skin incisions were made over each mammary gland operated on.

The subcutaneous fascia was sutured with interrupted number 0 chromic catgut and the skin incisions were closed with interrupted sutures of 6 pound test nylon. Three FlexoSeal gauze dressings were placed over the sutured areas and the patient was returned to her cage. Every other one of the sutures was removed on the fifth day following surgery, and the next day the remaining sutures were removed. The patient, apparently making an uneventful recovery, was discharged on November 13.

Edwin Branaman, '54

Prolapse of the Rectum in a Dog.
A six-month-old Boston Terrier was admitted to Stange Memorial Clinic on Oct. 13, 1952. History revealed that approximately one month previously, the patient underwent surgery at the clinic to correct a prolapse of the rectum and that since being released, the rectum continued to prolapse at intervals of three days.

On October 14, the patient awaited surgery; no prolapse was evident at this time. One-half grain of morphine and 1/100 gr. of atropine sulfate were given subcutaneously as a preanesthetic. The abdominal area was shaved and washed with soap and water, defatted with ether and soaked with alcohol. The patient was anesthetized with ether. A mid-line incision approximately 1 in. long was made posterior to the umbilicus. The prolapsed bowel was then withdrawn through the incision with gentle traction and replaced to its normal position. The bowel was then held in place by suturing (number 00 chromic catgut) to the ventral floor peritoneum (ventro-fixation). Three sutures were used here, these being applied carefully through the serosa and muscularis of the bowel.

The incision was closed with three, through and through sutures of six pound nylon. Three skin sutures of the same material were used to allow for closer apposition. The objective of the operation was to set up an irritation so that adhesions would form between the bowel and peritoneum and thus prevent recurrence of the prolapse.

A FlexoSeal bandage was put over the incision and the patient was given 300,000 units of penicillin and 0.5 gm. of streptomycin intramuscularly. In addition the patient was given 0.5 cc. of a penicillin-streptomycin combination in the afternoon and again in the evening. Liquid foods were fed.

On October 16, the patient appeared in good spirits and did not seem to notice the operative wound. The bandage was removed on the following day and the wound appeared to be healing nicely. Four days later three stitches were removed; and on October 22, all remaining stitches were removed and ointment applied to soften the wound. The patient was discharged this same day.

Stanley Romans, '54

Chronic Bilateral Paralaryngeal Abscesses in a Hereford Bull. On Oct. 24, 1952, a 2-year-old Hereford bull was admitted to the Stange Memorial Clinic with a history of difficult breathing for two weeks and of not eating for the past two days. Examination of the animal revealed a mucous exudate from the nostrils, and when the larynx was compressed laterally the air passage was almost completely blocked. Pressure on the larynx induced coughing. The breath had a putrid odor. Auscultation over the lungs was not revealing because of the stertorous sounds produced by the stenotic condition of the larynx.
The patient was treated with a total of 7 gm. of terramycin intravenously: 3 gm. on October 25, and 2 gm. each on the following two days. Two grams of chloromycetin was given intravenously on October 29. There was no marked improvement following the administration of these antibiotics and the dyspnea became more pronounced. The patient became very emaciated and depressed. The owner was notified of the animal's condition and permission was granted to have the animal destroyed.

Autopsy revealed chronic bilateral paralaryngeal abscesses (each about 5 x 2 x 2 cm.) located beneath the mucosa covering the thyroid cartilages; each abscess had a fistulous opening into the larynx. The pus was white, thin, gaseous and malodorous. Culturing revealed colonies of Corynebacterium pyogenes. The probable reason that the antibiotics were not effective in this case was because the abscesses were well established before therapy began.

Paul Brocksmith, '54

Fibrosarcoma in a Shetland Colt.
On Nov. 19, 1952, a six-month-old Shetland female colt was admitted to Stange Memorial Clinic with an enlarged, edematous, and hemorrhagic growth on its jaw. The only history available was that the owner had noticed its appearance about a month previous. The patient was quite active and alert. The growth did not hinder mastication nor affect the patient’s appetite. Temperature, pulse, respiration, and bowel movements were within normal limits.

A biopsy was performed and the tissue taken to the clinical laboratory. The laboratory diagnosis was an inflamed, edematous, hemorrhagic granulation tissue with islands of fibrosarcoma.

Removal of the neoplasm was decided upon. The patient was restrained on an operating table and an area around the growth was clipped and shaved. The base of the pedunculated tumor was anesthetized by infiltrating with 20 cc. of 2 percent procaine. The growth was then removed by electro-cautery at slightly deeper than skin level. It was not desirable to go deeper because of the danger to other structures in the area and to prevent the possibility of creating a permanent fistula in the oral cavity. The wound healed with a hard eschar and a depression approximately one inch in diameter.

This case is interesting because of the extremely young age at which this colt developed a malignant connective tissue growth and the surprisingly rapid recovery. The patient was discharged on December 2, eight days after removal of the tumor.

Howard Bayles, '54

Abortion Due to Fungi. On Sept. 25, 1952, a fetus was presented to the Iowa State Diagnostic Laboratory for examination of a possible cause of the abortion. The fetus was from a Holstein cow that was about seven and one half months along in her gestation period. This was the second abortion to occur under similar circumstances within ten days.

Following the second abortion, all cattle in the herd were tested for brucellosis and all were negative.

The first fetus to be aborted was also presented for examination but bacteriological cultures did not reveal any probable cause. However, a culture from the stomach of the second fetus produced a fungus growth identified by the laboratory here as Aspergillus fumigatus. This diagnosis was later confirmed by the federal laboratory at Chamberlee, Georgia.

In both cases of abortion, it was necessary to remove the placenta manually. Routine methods were used for this operation and sulfa-urea tablets were placed in the uterus. Both cows made uneventful recoveries and at this writing, both have been re-bred. One appears safely settled