

1958

# Removal of Pharyngeal Polyp in the Horse

Rodney E. Hall  
*Iowa State College*

Follow this and additional works at: [https://lib.dr.iastate.edu/iowastate\\_veterinarian](https://lib.dr.iastate.edu/iowastate_veterinarian)



Part of the [Large or Food Animal and Equine Medicine Commons](#), and the [Veterinary Anatomy Commons](#)

---

## Recommended Citation

Hall, Rodney E. (1958) "Removal of Pharyngeal Polyp in the Horse," *Iowa State University Veterinarian*: Vol. 20 : Iss. 1 , Article 9.  
Available at: [https://lib.dr.iastate.edu/iowastate\\_veterinarian/vol20/iss1/9](https://lib.dr.iastate.edu/iowastate_veterinarian/vol20/iss1/9)

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact [digirep@iastate.edu](mailto:digirep@iastate.edu).

on infected animals as humans are susceptible.

#### REFERENCES

- Runnells, Russell A. 1954. *Animal Pathology*. Chapter 22. Granulomatous bacterial and fungus diseases, pp. 603-604.  
Merck Veterinary Manual. 1955. North American blastomycosis, pp. 466-467.

—Thomas White '58

**3**

### Removal of Pharyngeal Polyp in the Horse.

A 7-year old, female, Tennessee Walker was admitted to Stange Memorial Clinic in late August. The owner had purchased the animal rather cheaply, knowing it was in poor condition and hoping that it could be restored to normal.

There was a history of making noise on respiration which seemed to be getting worse. The animal would cough and choke and seem to get something out of its throat and then feel better for a while.

A very striking symptom other than general condition was the coughing of solid materials through the nasal passages after mastication and attempted deglutition. Fluids were taken with little difficulty. A radiograph revealed an opaque mass in the pharyngeal area. Thorough gross examination revealed absolutely nothing. The owner's permission was granted for an exploratory operation into the pharyngeal region to attempt to ascertain the cause of the dysphagia.

Equitol® (Allied Laboratories) was used for sedation and the horse was cast. The intravenous anesthetic was continued until surgical anesthesia was reached.

A tracheal tube was inserted and sutured to the skin. A mouth speculum was used to facilitate palpation of the inside of the pharynx. A growth in the pharynx could be palpated, so a student with small hands was summoned to make a more thorough examination. He described a pedunculated growth about the size of a baseball attached to the floor of the pharynx posterior to the base of the tongue, anterior to the epiglottis, and slightly to the right of the midline. The growth was in such a position that it flopped back over

the glottis and esophageal opening each time the horse swallowed.

Due to the fact that the isthmus faucium is relatively small and does not dilate very easily in the horse, a special instru-



Polyp removed from pharynx of a horse. Arrow points to base.

ment had to be devised for removal of the polyp. The instrument consisted of obstetrical wire run through a Frick Mouth Speculum so that there was a loop at one end and two free ends at the other.

The rather simple operation of placing the loop end of the obstetrical wire over the polyp and sawing it off was performed. The polyp was removed as close to the pharyngeal mucosa as possible. There was very little hemorrhage.

The only aftercare consisted of tetanus antitoxin injection.

Biopsy disclosed that this was a pharyngeal polyp with abscesses throughout and little likelihood of recurrence.

Probably the most gratifying thing was the animal picking up a mouth full of hay, chewing it, and swallowing it while she was still coming out of the anesthesia.

Two months later the owner visited the clinic and reported complete recovery of the horse.

—Rodney E. Hall '58