1941

Myxo-fibromae on the Head of a Bull

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Recommended Citation

Huso, B. T. (1941) "Myxo-fibromae on the Head of a Bull," Iowa State University Veterinarian: Vol. 4 : Iss. 1 , Article 15.
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol4/iss1/15

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Marked depression and icteric membranes were the only clinical manifestations noted. There was no elevation of temperature.

On necropsy the subcutaneous tissues were found to be very icteric. The blood appeared pale, and the superficial lymph nodes and lungs were hyperemic. A few hemorrhages were observed on the spleen and petechial hemorrhages on the kidneys. Localized areas of the cecum and colon were inflamed. The most pronounced pathologic changes were seen in the liver. The entire organ was enlarged to about one and one-half times the normal size, and numerous necrotic foci, one-half to three-quarters of an inch in diameter, with marked hemorrhagic borders and infiltrated with blood were observed. The hepatic tissue surrounding the affected areas was dark red in color. The histopathology of the liver showed a central degeneration with necrosis of some of the liver cords. Some of the lobules were completely destroyed leaving them full of blood.

The owner of the swine was questioned about the possibilities of the animals having access to expended clay pigeons. It was learned that the pasture, which they were on, had not been used the previous year for swine, but that a local gun club had used it for trap shooting. He was advised to remove them from this pasture, and no further report of losses was received.


—H. H. Hoyt, '42

7 Myxo-fibromae on the Head of a Bull. An eighteen-month-old Short-horn bull was brought to the Charles Henry Stange Memorial Clinic on April 15, 1941. This animal had a large growth on the right frontal region which hung
Prior to Operation

After the Operation
down over the right eye. Two similar, but smaller growths were also present, one involving the left horn and the other the right side of the neck. The animal was examined, and although no exact diagnosis as to the nature of the growth was made, it was evident that surgery would be necessary if a recovery was to be effected.

The animal was observed for a week, and the growths did not increase in size. On April 22, the bull was placed on the operating table lying on his left side. The areas surrounding the large growth on the frontal region and the growth on the side of the neck were shaved and painted with tincture of iodine. Dr. M. J. Johnson of the Department of Surgery then proceeded with the operation. The area was infiltrated with two per cent procaine solution. An incision was made around the largest growth through the skin and soft structures to the skull itself. The growth was then dissected away close to the cranial bones. The growth on the side of the neck was cut out as deeply as it was thought necessary. Hemostats were used to control hemorrhage, but the animal had lost so much blood it was decided to wait before removing the remaining growth. Sections were made of the growth by the pathology department and it was found to be a myxo-fibroma.

On May 5, the operative wounds were healing nicely so the bull was again placed on the table and prepared for a second operation. The area around the left horn was shaved and painted with tincture of iodine. Two per cent procaine was infiltrated into the tissues for anesthesia. The growth was dissected out, removing the horn with the growth. The hemorrhage was controlled with hemostats and the bull was returned to his stall.

The bull was very unruly; consequently, little after care was given after either operation. However, the operative areas healed nicely, and showed only a little swelling the first few days following the operation. The bull was discharged on May 23, 1941, almost completely healed.

The accompanying illustrations show the patient, first, before the operation; and, second, shortly before the animal was discharged.

HYDRONEPHROSIS

(Continued from page 20)
or both ureters is said to be the most common cause of hydronephrosis in swine. The comparatively large bladder is loosely fixed and when full hangs over the brim of the pelvis into the abdominal cavity. The long neck and the aberrant ureter are compressed against the pubis so that the ureter is occluded.

BIBLIOGRAPHY

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