1945

An Abscess in the Mandibular Area of the Horse

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Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol7/iss4/10

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An Abscess in the Mandibular Area of the Horse. On February 9, 1945, a 10-year-old sorrel mare was brought to the Stange Memorial Clinic with a diagnosis of alveolar periostitis. The horse had a swelling in the left mandibular area similar to one caused by an infected tooth. A speculum was placed in the horse's mouth but there was so much swelling that an examination was impossible. The swollen area was hot packed for the next 4 days to reduce the swelling, and then the mare was given one and one-half ounces of chloral hydrate via a stomach tube as a basal sedative and restrained on the operating table. A speculum was placed in the mouth to facilitate palpation to determine which tooth was involved. It was at this time that the swelling was found to be due to an abscess in the cheek and not an infected tooth. The mucous membrane of the cheek was forced between the teeth by the swelling so mastication was extremely painful. It was decided to drain the abscess to the outside, to avoid packing of the abscess cavity with food if opened to the inside of the mouth, with resulting delay in healing.

The swollen area was shaved and painted with tincture of iodine. An incision about 5 cm. long was made and a deep abscess was located just medial to the masseter muscle. An incision was made about 5 cm. anterior to the first incision in order to secure better drainage. A seton soaked in liquid bipp (bismuth subnitrate 1 part, iodoform 2 parts, and liquid petrolatum 16 parts) was placed through the two incisions and the cavity was packed with sterile gauze.

Further Treatment

The next day the packs were removed. The area was hot packed for 45 minutes. The wound was irrigated with potassium permanganate 1:3000. A new seton soaked in liquid bipp was applied. For the next two days the same treatment was administered, but the irrigation with potassium permanganate was omitted.

From the fourth day to the tenth day after the operation the area was soaked with hot packs for 30 minutes daily. The incisions were flushed with 5 per cent sodium perborate solution. A new seton soaked with liquid bipp was replaced each day.

The seton was discontinued on the tenth postoperative day and the wound was injected with liquid bipp for the next 5 days. On the sixteenth day the gum line was no longer swollen in the area of the abscess and granulation was progressing nicely. The horse was eating well and was not as gaunt. No further treatment was administered. The horse was discharged the twenty-eighth day after entrance to the clinic, apparently recovered.

This case indicates the need for a careful examination before a definite diagnosis is made, even though first indications resemble very closely some well known disease entity.

—James R. Arnold, '45

Myceloid Leukemia of the Dog.

Leukemia is a general systemic disease which is relatively common in the dog. Irrespective of its high incidence, the veterinary profession has not as yet uncovered the etiological factors involved in this insidious disease, and, as in too many of our disease problems, there has never been a satisfactory treatment discovered.

Chronic Course

The disease usually runs a chronic course and recovery is exceedingly rare. Adult, or aged, male animals are predominantly affected. Acute cases, terminating fatally within a few weeks, are sometimes seen in younger animals.

A typical case of myeloid leukemia, presented to the Stange Memorial Clinic on February 2, 1945, was a 2-year-old male fox terrier, which hadn't eaten for the past five days, was showing slight dyspnea, mental depression, rapid pulse, and pallor of the mucous membranes.

Leucocytosis was immediately suspected by the attending clinician, and a blood examination confirmed the diagnosis. The leucocyte count was 81,260 per cu. mm. or approximately eight times that of the normal dog. A severe anemia was indi-