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An Extended Case of Cryptorchidism in a Horse

Art Skewes
Iowa State College

A. Neumann
Iowa State College

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Six days after the operation, the area showed much swelling and inflammation. The line of incision was washed with chlorine solution, 200 p.p.m. A new area of drainage was established anterior to the original skin incision. About 1 gal. of hemorrhagic exudate escaped. A sample of this was cultured and found to contain *Corynebacterium pyogenes*. It was noticed that the hernial wounds were healing satisfactorily. At this time the prefemoral lymph node was much enlarged.

A total of 1,300,000 O.U. of penicillin in oil and wax were given intramuscularly for 2 days immediately following the sulfonamide therapy. Potassium permanganate solution, 1:3,000, was used to irrigate the area of infection.

Sulfathiazole was given after the 2 days of penicillin treatment. An initial dose of 1,275 gr. was given in two doses. This was reduced to 825 gr. in two doses for 3 days. The wound was cleaned several times with 0.5 percent creolin.

When sulfathiazole therapy was discontinued, the wound was still cleansed daily with potassium permanganate solution. At first much caseous exudate was washed out.

The cow maintained a good appetite throughout the course of treatment with the exception of several days following the operation when she ate with less vigor. The highest temperature recorded was 102.8°F., which occurred during the time the excess accumulation of hemorrhagic exudate was present.

The cow was discharged Jan. 19, 1948, as the infection was slowly subsiding. A guarded prognosis was given the owner in view of the difficulty in controlling *Corynebacterium pyogenes* with present therapeutic agents.

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An Extended Case of Cryptorchidism in a Horse. April 13, 1945, a spotted Morocco stallion, age 3 years, was presented at the Stange Memorial Clinic for castration. The right testicle was found to be in the normal position, but the left testicle could not be palpated in the scrotum. A diagnosis of cryptorchidism was made and the animal was operated on accordingly. At the time of the operation, a mass of scar tissue and the absence of a pronounced testicle in the abdominal cavity indicated that the area had been previously entered. The right testicle was removed however, and the animal was discharged May 6, 1945.

May 26, 1947, the same horse was again admitted to the clinic by a different owner with a typical cryptorchid history. He manifested periods of violence and sexual excitement and had mounted and entered a mare 2 months before. A diagnosis of hypertrophy of testicular tissue was made. Upon casting and entering the abdominal cavity, no definite testicular tissue could be found but the remaining stump of the spermatic cord was removed. The operative site was sprinkled with sulfanilamide and a sterile gauze pack was sutured in the cavity. The pack was removed in 2 days and 400,000 O.U. of penicillin in saline was administered intramuscularly daily in 4 doses. This penicillin therapy was continued until June 6. The horse made a normal recovery and was discharged June 16, 1947.

Oct. 26, 1947, the same horse was again presented at Stange Memorial Clinic with the history that the operation had apparently been successful as no further indications of sexual excitement had been observed. However, a unilateral hernia about 12.5 cm. in diameter had developed in the left inguinal region.

The horse was placed in the stocks and given 60 Gm. of chloral hydrate orally via a stomach tube. He was then cast and placed on his back. The operative area was shaved, defatted with ether, and painted with 7 percent tincture of iodine. Sterile shrouds were placed around the area. The site of operation was infiltrated with 2 percent procaine in saline, and an elliptical incision was made through the skin over the enlargement. Upon entering the hernial sac, extensive adhesions were palpated and the tissues surrounding the contents, as well as the contents them-
selves, were found to be extremely friable. In the course of bluntly dissecting out the small intestine from the hernial sac, the intestine was accidentally ruptured. Because of the friability of all the tissues involved, especially of the intestine, suturing was rendered impossible. It was found very difficult even to make the No. 4 catgut sutures hold in the abdominal muscles at the neck of the hernia. Sulfanilamide was placed in the sac and a gauze pack was sutured in the cavity with a continuous blanket suture of braided silk suture material. An initial dose of 600,000 O. U. of penicillin was administered intramuscularly in the gluteal region and a dose of 200,000 O. U. was given every 6 hrs. thereafter.

November 1, 1947, four days after the operation, the packs were removed and no serious effects were noted. The horse appeared normal at 6 a. m. the following morning, but at 9 a. m. fecal material was observed passing from the wound. A fecal fistula had apparently been formed at the junction of the intestinal rupture and the mouth of the hernia. Euthanasia was performed and a post mortem diagnosis substantiated the clinical diagnosis of a fecal fistula.

—Art Skewes, '49
—A. Neumann, '49

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Dystocia and Caesarean Section in a Bovine. A Holstein cow, aged, 5 years, was admitted to Stange Memorial Clinic Oct. 4, 1947. The owner did not accompany the animal so an adequate history could not be immediately obtained. The only history elicited was that she had started to labor the preceding day and had not calved as yet. It was decided to perform a vaginal examination on her.

The cow was placed in the stocks and the external genitilia washed with soap and water. Upon examination the operator found a 180° clockwise torsion of the uterus. It was decided, in view of this fact, to correct the uterus to its normal position.

The operative area in the right paralumbar fossa was clipped with mechanical clippers. using first a coarse and then a fine head. The clipped area was washed with soap and water, dried, defatted with ether, and painted with a 7 percent tincture of iodine. A sterile towel was placed dorsal to the lumbar vertebrae, and 2 towels fastened to it so they draped down on each side of the operative area. This left the paralumbar fossa exposed in a field of sterile towels.

The line of incision was anesthetized first intracutaneously by injections of a 4 percent procaine hydrochloride solution. Each succeeding injection after the first was made near the edge of the preceding "wheal" produced when the drug was forced into the tissues. The deeper structures beneath the line of incision were anesthetized using the same 4 percent procaine solution.

The incision, about 12 in. in length, was made dorso-ventrally, approximately 8 in. anterior to the tuber coxae. Its dorsal boundary was about 4 in. below the transverse processes of the lumbar vertebrae. The incision was through the body wall in the previously anesthetized area at a point where the omentum contacted the abdominal wall. Hence it was necessary for the operator to go through the omentum, hold the small intestines in the cavity, and correct the torsion by manipulation of the uterus.

A large amount of straw colored fluid was present in the peritoneal cavity. This fluid was removed by cupping out a little at a time, through the incision. This accumulation of fluid in the peritoneal cavity was believed to be due to obstruction of the venous blood supply from the uterus. The torsion could have impeded the blood flow in the vessels of the right broad ligament and blood plasma under high pressure would transude into the peritoneal cavity.

A vaginal examination was made again at this point. Because the cervix was tightly closed, and because the abdominal cavity was already opened and the uterus appeared healthy, it was decided to perform a Caesarean section.

The original incision in the body wall was lengthened dorso-ventrally until it was of sufficient length to permit the ex-