Fracture and Sequelae in a Dog

R. J. Cowles
Iowa State College

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Fracture and Sequelae in a Dog.

A four year old male Collie dog was admitted to Stange Memorial Clinic on Feb. 18, 1950. The dog had been referred to the clinic by a practitioner who had made a diagnosis of osteomyelitis. The history accompanying the patient was essentially as follows:

On or about Nov. 1, 1946, the patient had suffered a comminuted fracture of the left femur, at about the midpoint. The fracture had been set with a Stader splint but after nine days the patient had worked one of the pins out, so the leg was immobilized in a Thomas splint. The "pin-hole" remained open and draining for two and one-half months.

Two years later, Nov. 1, 1948, the patient was operated to remove a lump from the medial surface of the thigh below the point of fracture. The enlargement was found to be "filled with bone splinters the size of pencil leads." Post-surgical care included penicillin and inspections every third day for six weeks.

During the period of Jan. to March, 1949, the patient's leg was opened, probed and cleaned on four different occasions. At least five series of penicillin treatments were given between Jan. and June, 1949. The wound was closed but opened intermittently.

A sequence of aureomycin therapy was completed in July, 1949.

The patient's wound opened during June, 1949, and remained open, draining a clear liquid. Penicillin sticks were inserted into the opening on three occasions in December, 1949, but by the twentieth of that month the patient was walking on three legs. The opening was bleeding about half the time by Feb., 1950, and the patient was unable to sit and had difficulty in lying down.

The history also stated that the patient was usually mild and gentle, showed a tendency to "eat the bandages," and that raw horse meat was the only food that didn't cause diarrhea.

The general condition of the patient was good at the time of his admittance. A fistulous tract was present on the medial surface of the thigh about 10 cm. distal to the level of the fracture, and was oozing constantly. The patient would bear no weight on the leg, keeping it extended. An enlargement was noted on the abdominal wall to the left of the prepuce.

The patient was taken to the radiology section of the clinic for radiographic study. Sedation to decrease movement was accomplished with morphine sulfate, 19.44 mg., subcutaneously. Anterior-posterior and lateral radiographs were made before and after injecting the fistulous tract with 30 cc. sterile sodium iodide. The radiographs revealed the following: sequestrum at region of callus from previous fracture, and chronic osteomyelitis.

The patient was operated on Feb. 23, 1950. Routine preoperative procedure was followed, and consisted of sedation with 2.5 gr. morphine sulfate plus .25 mg. atropine sulfate, subcutaneously, soaping and shaving left rear leg from high on the hip to the foot, defatting shaved area with ether, and disinfection of shaved area with 50 percent isopropyl alcohol and phenylmercuric acetate, 1:1000. The patient was restrained in left lateral recumbency with the left rear leg extended ventrally on sterile toweling and the right rear leg extended forward along the abdomen and thorax. All the rear quarters were shrouded except the medial surface of the left thigh. Ether was administered to effect.

The primary incision was made parallel to the femur in mid-thigh, was about 20 cm. long, and extended through skin and fascia. The capsule of the sequestrum was revealed by blunt dissection, and the sequestrum removed. An area of necrotic bone in the femur was chiseled out and then curedt. By means of a flexible probe through the fistulous tract it was found that this necrotic area was the apparent source of drainage.

The incision was closed with interrupted nylon sutures in the fascia and muscle, in the subcutaneous fascia, and in the skin. The area was covered with sterile packs and an elastic roller bandage. After being returned to the kennel the patient received 400,000 o.u. procaine penicillin and buffered crystalline peni-
Cillin for aqueous injection was given intramuscularly.

Next day the patient was up and walking about, in no apparent pain, and showing a normal temperature. No treatment was indicated.

There was some swelling of the leg distal to the bandage on Feb. 25, 1953. The bandage and packs were removed, the incision powdered with a sulfonamide-phenacaine preparation, and the leg rebandaged. A slight sero-hemorrhagic exudate was noted from the fistulous tract and from the incision.

The patient chewed the bandage off during the night of Feb. 28, 1950. As the sutures were in place and the incision apparently healthy, the leg was not rebandaged. The slight sero-hemorrhagic exudate was still coming from the fistula and from the incision.

The patient was exercised on March 1, 1950, and on the morning of the second there was evidence of considerable hemorrhage. The clotted blood was not disturbed, nor was the patient exercised. By the morning of March 3, 1950, the hemorrhage had ceased entirely, and although the patient showed a slight quantitative anemia the condition was not considered serious. The amount of exercise was gradually increased, but no other treatment given for the next three days.

Wound healing was progressing satisfactorily on March 6, 1950, so eight sutures were removed. There was still sero-hemorrhagic exudate from the fistula, so 4 cc. of liquid Biipp (one part bismuth subnitrate, two parts iodoform and two parts liquid petrolatum) was infused in the tract. The patient was walking on all four legs, and was eating well.

Aureomycin hydrochloride with sodium glycinate, 500 mg., was administered intravenously on March 7, 1950. Next day 2,000 mg. of aureomycin hydrochloride was given orally in two doses, and for the next three days 1,000 mg. were administered orally each day.

Recovery was uneventful and by March 13, 1950, both the incision and the fistulous tract were apparently healed. The patient was using the left rear leg normally, and was discharged on March 19, 1950.

R. J. Cowles, '50

AVMA Invites Nominations for Humane Act Award

An invitation to veterinarians to submit nominations for the 1950 Humane Act Award of the American Veterinary Medical Association has just been issued by AVMA officials.

The award has been made each year since 1944 to some boy or girl, not over 18 years old, who has performed an outstanding act of kindness to animals.

Dr. R. J. Garbutt of New York City, chairman of the award committee, announced that the winner will be given a $100 United States savings bond and a framed certificate at the opening of the AVMA Miami Beach convention, August 21.

"The act of kindness may be a rescue, some sort of project for the benefit of animals, or a written work," Dr. Garbutt said.

Nominations from veterinarians will be accepted until May 1 at the AVMA headquarters, 600 S. Michigan Ave., Chicago 5, Ill., or they may be addressed to Dr. Garbutt at 367 E. 62nd St., New York 21, N. Y.

Among winners in recent years were a boy who built a bumper device to protect a blind dog, a girl who captured a rabid dog, and a boy who originated National Cat Week.

Contrary to popular belief, there is no such thing as pinworms in dogs. "Bobsledding" may be due to many types of irritants, but pinworms are not among them.

The saddle horse population of the United States is estimated at about 850,000, more than half of which are work animals on western ranges.

England, which has a rigid vaccination and port quarantine program, has not had a single human death from rabies in 20 years.

Summer, 1950