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Fracture of the Ilium

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out through the incision and the ventral portion was incised. Eleven calculi were removed varying in size from a BB shot to a mid-size acorn. The bladder wall was greatly thickened and 2 rows of modified Connel sutures of plain catgut were used to close the incision. The peritoneum was then closed with a continuous apposition suture using No. 1 plain catgut. The muscle was sutured in a like manner. The skin was closed with interrupted nylon sutures, and then covered with collodion and cotton. The patient was then given 400,000 O.U. of procaine hydrochloride penicillin in the left hip. The patient was returned to the kennels and covered with a light cloth to preserve body heat.

The following day the patient was standing and evidence of urine was noted on the papers on the floor of the kennel. Three days after the operation the urine had a pH of 5.5 and the dog was urinating normally.

During the following week the incisions healed satisfactorily but the abdominal incision showed considerable swelling. One week after the operation, the healed skin incision was opened by blunt dissection and considerable sero-hemorrhagic fluid escaped. After this the dog made a satisfactory recovery and was discharged on Oct. 8, 1950.

D. H. Perkins '51

Internal Intestinal Strangulation in a Steer. On Oct. 3, 1950, a fifteen-month-old Hereford steer was admitted to Stange Memorial Clinic with a history of having failed to respond to treatments for constipation.

Rectal palpation revealed a hard pear-shaped mass of intestine just anterior to the pelvic brim. A tentative diagnosis of intussusception was made. The animal was too weak and toxic for surgery. Supportive therapy for the next several days failed and euthanasia was performed.

Post mortem examination revealed a strangulation of the last 3 feet of ileum through an acquired hernial ring in its own portion of the great mesentery. Adhesions of the ileum to the omentum and to proximal surfaces of the bladder as well as to loops of itself had constricted the lumen to a non-functional diameter in several places.

Sam Holman, '51

Fracture of the Ilium. A 2-year-old Holstein cow was admitted to Stange Memorial Clinic on Sept. 14, 1950, with a fracture of the external angle of the ilium. The symptoms were as follows: A contused wound over the tuber coxae from which was draining a purulent exudate. There was heat and swelling and the area was very sensitive.

On Sept. 16, the cow was placed on the operating table and a piece of the ilium was removed. The wound was packed and partly sutured. Three days later the pack was removed and the wound irrigated with 1:3000 potassium permanganate, dusted with healing powder and sprayed with fly repellent. This treatment was repeated daily until Sept. 29, when the patient was placed in the stocks and another sequestrum was removed. At this time it was determined that a large sequestrum was still in the wound, but too far anterior and ventral to be removed with the patient in the stocks. The wound was again packed and partly sutured. The purulent exudate still persisted.

In the belief the sequestrum could now be removed the decision to operate was made. On Oct. 5, the patient was given a general anesthetic (chloral hydrate), and placed on the operating table in a right lateral recumbency. The operative area was prepared. The previous incision was enlarged about 3 in. ventrally, and several large pieces of necrotic tissue were removed. Another incision was made at right angles to the first and extending about 3 in. anterior to it. It was found that the involved bone was not a sequestrum, but the entire external angle of the ilium, and could be moved about. An obstetrical cutting wire was placed
around the external angle and a 3 by 5 in. piece of bone was cut off. Another piece of bone that was loose in the wound could not be removed because it involved too much muscular attachment. The incisions were packed with sulfaniamide and partly sutured. The patient was placed in a stall to recover from the anesthesia.

On Oct. 6, euthanasia was performed. Postmortem revealed a complete fracture of the shaft of the ilium. The line of fracture started at the sciatic notch on the gluteal surface and extended caudally approximately 8 cm. to the pelvic surface of the ilium. Large calluses were present, but extensive necrosis of osseous and surrounding soft tissue was found. The edges of the fracture were found to be separated about 2 cm.

Fracture of the external angle of the ilium has often been successfully treated in the clinic, however in this case the fracture was very extensive involving the shaft of the ilium.

E. M. Freeman '52

Methods of Restraint in Boar Castration. Recently the ambulatory clinic was called to the Veterinary Research Farm to castrate seven boars. Since the boars ranged in weight from 400 to 700 lbs., it was a good opportunity to demonstrate various methods of restraint. Four different methods were used.

Chloroform was used on the first boar. A rope was looped over the snout and the boar snubbed to a post. Two thicknesses of burlap were fixed over the nose and tied in place. Then chloroform was slowly poured into the burlap over the nostril. It took approximately two minutes for the boar to go down and about 2 oz. of chloroform were used. He was rolled over on his left side. The snubbing rope was released from the post and retied above the hock of the right hind leg. The castration was performed and the patient was on his feet as soon as the ropes were released.

The second method used was pentobarbital sodium (nembutal) injected into the ear vein. A rope was placed around the snout and the 450 lb. boar was snubbed to a post. Soft tissue forceps were set across the base of the ear to distend the vein. After the 20 gauge needle was inserted into the vein the forceps were removed from the base of the ear and reset over the needle, thus holding it in place. The pentobarbital sodium was injected to effect. In this case, it took 8 cc. to put the boar down. The restraint from this point was the same as that used with the chloroform method. The boar remained recumbent for about 1/2 hour, at which time he was easily urged to his feet.

Anesthesia was not used on the next boar. He was snubbed to a post with his head close to the ground and a rope was tied from the left front leg to the right hind leg with considerable tension. Then a two by four, seven ft. long was inserted from the right side between the chest and the rope, and the free end pulled up and to the left until the two by four engaged the rope and pressed tightly against the chest wall. A man stood on the left side of the boar and with a quick pull on the lever put him down. The animal was restrained during castration by standing on the two by four.

In the fourth method only a rope was used. The rope was looped over the snout and brought around to the right. The free end was wrapped clockwise above the hock of the right hind leg, and in such a manner as to hold it well above the hock. With a quick pull and the rope carried up over the back, the boar was put down on his left side. The rope was then wrapped around the snout and back around the right hock. An assistant further restrained the boar by gripping the strands of rope about midway between the snout and hock, and placing his knees on the boar's shoulders. The castration was performed and the boar was on his feet when the ropes were released.

Robert Janss, '51
Jack Stream, '51
Frank Young, '51