1952

False Cryptorchid Castration of a Stallion

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Warfarin Poisoning. On Jan. 15, 1952, a 12-year-old male Coonhound was presented to the Stange Memorial Clinic with a history of having eaten the rat poison, warfarin, five days previously.

The patient was in a severe toxic state showing muscular incoordination, weakness, and depression progressing to lethargy. Blood was present in the mouth but showed no evidence of clotting. A large swelling in the mandibular space was observed which fluctuated upon pressure. No form of treatment was administered since recovery was hopeless because of the pronounced symptoms exhibited and the lapse of time between ingestion of the poison and entry into the clinic. The dog died late that evening.

Necropsy revealed the following lesions: (1) retroperitoneal and perirenal hemorrhages, (2) subparietal and subvisceral pleural hemorrhages, (3) intramuscular hemorrhages of the inguinal region, (4) hemorrhages in the mucosa of the urinary bladder, (5) a large hematoma in the mandibular space, and (6) intussusception of the duodenum into the stomach. Death was due to hemorrhagic anemia. The intussusception may have been a contributory cause.

Warfarin is a commercial product that contains dicoumarin as the active ingredient. Dicoumarin delays blood coagulation either by destroying or prohibiting the production of prothrombin.

It may be of benefit to mention possible therapy for this type of poisoning. As far as is known, there is no established antidote for warfarin. If the patient is received soon after ingestion, produce emesis by the use of 0.05-0.10 gr. of apomorphine hydrochloride in the conjunctival sac or by subcutaneous injection. This may be followed by an enema. The most rational and effective therapy, based on experiences with sweet clover diseases or dicoumarin poisoning in cattle, is blood transfusion. Blood transfusion has a two fold purpose: (1) replaces prothrombin which is essential in the coagulation of blood and (2) tends to relieve the anemia by replacing lost blood elements. Since 250-500 cc. of citrated whole blood is usually effective in dicoumarin poisoning of cattle, 10-50 cc. of blood might be sufficient in dogs.

C. E. Cotton '53

False Cryptorchid Castration of a Stallion. On the fifth of March, 1952, a three-year-old grade Appaloosa stallion was admitted to Stange Memorial Clinic for a cryptorchid castration. The owner had purchased the horse as a yearling. Since that time, the right testicle had descended.

The patient was given 55 gm. of chloral hydrate pre-operatively, and was cast and placed upon his back. Sterile shrouds were placed over his hocks, and the inguinal and scrotal area were scrubbed with soap and water. Tincture of iodine, followed by 1-1000 mercury bichloride solution was used to disinfect the surgical area.

A cutaneous incision was made in the left scrotal area. A search of the left inguinal canal and the abdominal cavity was made, but the left testicle could not be located. A cord-like structure, extending through the left inguinal canal, was exposed by blunt dissection. It was identified as being the spermatic cord, and was amputated with an emasculator, as near the external inguinal ring as possible. A five yard sterile gauze pack was placed in the scrotal cavity, and the incision was closed with a continuous interlocking suture.

The right testicle was exposed by a cutaneous incision in the right scrotal area. Blunt dissection of the area was difficult because of the numerous adhesions between the tunica vaginalis propria and the tunica vaginalis communis. The right spermatic cord was amputated with an emasculator, and a five yard sterile gauze pack was placed in the scrotal cavity. The skin incision was closed with a continuous interlocking suture. The patient made an uneventful recovery, and was discharged from the clinic on March 11, 1952.

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The history, the absence of the left testicle, but the presence of the spermatic cord, and the numerous adhesions of the right scrotal area all indicate that the left testicle had been removed prior to the descent of the right testicle. The cutaneous scar from the previous operation had disappeared, grossly, when the present operation was performed.

Stephen F. Dirks, '53

Frontal Sinusitis in a Dog. A one-year-old Collie was submitted to Stange Memorial Clinic on Feb. 7, 1952, for treatment of a head injury. The owner stated that the dog had been kicked in the head by a horse two months previously. The patient had a fistulous opening at the prominence of the right frontal bone which was discharging a thick, greenish-yellow purulent exudate. The diagnosis was impression fracture of the frontal bone with secondary frontal sinusitis.

Fistula (arrow) and Frontal Sinus.

The patient's head was cleaned and the area around the wound was shaved. Radio-graphic studies were made but failed to reveal the extent of the lesion until bipp (bismuth subnitrate and iodoform in petrolatum) was injected as a contrast medium. It was apparent from this view that the fistulous tract communicated freely with the frontal sinus, and that the purulent process did not involve the maxillary sinus.

The dog was anesthetized with pentobarbital sodium and prepared for surgery. After an elliptical piece of skin was removed to make room for the trephine, a hole was cut through the bone into the frontal sinus to provide drainage. The sinus contained thick, creamy pus and as much of it as possible was removed. Bacteriological examination of a sample of the pus revealed an alpha-hemolytic Streptococcus. Varidase (streptokinase and streptodornase-products of streptococci which liquify exudate) was instilled into the sinus and then removed after twenty minutes. Aureomycin hydrochloride surgical powder was liberally applied to the frontal sinus and the fistula daily for four days. On the fourth day, the varidase treatment was repeated to remove caseous material.

During the following week, no drugs were administered. Routine daily treatment consisted of cleaning the exudate from the face and liberally applying petrolatum to the skin below the fistula to prevent excoriation. The patient was placed in the outside exercising pen for from twenty minutes to an hour on days when the weather permitted. Throughout his stay, the dog's temperature remained within normal limits, and his appetite and bowels were normal.

On the fifteenth day, terramycin hydrochloride solution was injected into the sinus through the wound. By this time, considerable healthy granulation tissue had formed around the perimeter of the wound although sero-sanguinous material continued to exude from the fistulous tract.

Daily, for the following eight days, the sinus was irrigated with normal saline solution and 100 milligrams of aureomycin hydrochloride in sterile distilled water was instilled into the sinus. This was repeated for three days with three grams of aureomycin hydrochloride ointment and for three more days with penicillin-streptomycin ointment. Healthy granulation tissue continued to encroach into the wound opening.

By the thirty-fifth day after admission, the infection had apparently been eliminated from the sinus. Four days later, the fistulous opening was completely filled with healthy granulation tissue and the patient was discharged on March 16, 1952.

Jack Marcum '53