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Removal of a Sequestrum in a Horse

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Removal of a Sequestrum in a Horse. A two-year-old American Saddle horse was admitted to the clinic on June 4, 1953, with the following history. During the process of halter breaking, the horse reared up in the stall, broke the halter rope and fell over backwards, striking its head on the cement floor. The following day a swelling was noticed on the back of the head, and the local veterinarian was called. He applied hot packs and later opened the area and removed a small piece of bone. However, abscess drainage continued and the patient was referred to the college clinic showing a fistula in the poll region much like that seen in poll evil.

An X-ray was taken to determine if there might be more bone fragments present. The X-ray revealed a bone sequestrum (2 x 3 x 3/4 in.) from the left wing of the atlas and also a periostitis over the top of the occipital bone.

The animal was given 45 Gm. of chloral hydrate via a stomach tube and restrained on the operating table in a right lateral recumbent position. The area was prepared for surgery and infiltrated with 2 percent procaine hydrochloride. The fistulous tract was then probed and a scalpel inserted down along side of the metal guide probe. The tract and bone sequestrum were dissected out, the incision being enlarged three inches anteriorly and five inches posteriorly from the tip of the poll to provide adequate drainage. The incision was packed with gauze and sulfanilamide powder, and the skin closed with a continuous suture of silk.

Fifteen-hundred units of tetanus antitoxin was given intramuscularly and the animal returned to his stall.

The sutures and the gauze pack were removed the second day following the operation with no evidence of hemorrhage; sulfanilamide powder was again dusted into the wound. Daily treatment followed and consisted of removing excessive exudate and dusting the wound with healing powder (equal parts of boric acid and air slaked lime). Fly repellant (oil of tar, oil of eucalyptus origanum, and cottonseed oil) was applied around the wound edges and petrolatum smeared over the drainage area. The patient was fed on the stall floor so as to get as much anterior drainage as possible. The wound granulated nicely. The horse made an uneventful recovery and was discharged on July 2.

James Creel, '55