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Traumatic Orchitis and Scrotitis

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Traumatic Orchitis and Scrotitis.

On Feb. 8, 1954, a 4-year-old English Shepherd male dog was admitted to the Stange Memorial Clinic. The history revealed that two weeks previously the owner had noticed that the dog was sensitive in the flank area and over the sacral region. An examination at that time revealed that an elastrator band had been placed about the base of the scrotum at some time previously. When it became apparent that the scrotum was not going to slough the dog was referred to the clinic.

An examination showed the wound edges to be raw, reddened and slightly swollen. The rubber band, acting as a foreign body, had stimulated connective tissue proliferation. This tissue proliferation had encapsulated both testes of the patient. The patient’s appetite and bowels were normal but his temperature was 104.0°F. The dog was very sensitive about the area and resented handling.

On the second day of hospitalization the temperature had dropped to 102.0°F and surgical correction was attempted. Pentobarbital sodium was given intravenously to effect. The scrotum and adjacent area were cleansed, disinfected and the area covered with a shroud in preparation for surgery.

The base of the mass of proliferating tissue was dissected free from the surrounding tissue; the blood vessels of the area were ligated with catgut. The testes, included in the tissue mass, were removed in the final stages of the operation. After removal, further hemorrhage was controlled by hemostats and ligatures.

Terramycin powder was sprinkled over the surgical area and the subcutaneous fascia was sutured with No. 00 catgut. The skin edges were debrided and the skin was then sutured over the involved area with No. 6 nylon suture material. Postoperatively the patient received 2 cc Combicotic and 25 cc canine distemper antiserum.

The following day the dog still showed tenderness in the same area but the wound edges were in apposition. On the fourth day following surgery the patient showed some evidence of irritation in the area by chewing and scratching at the incision. Several sutures were loosened and slight gaping resulted; however, it was not necessary to resuture. A repellent, Canine Repellent (Jen-Sal), was put on the wound daily until the patient was discharged. The patient’s appetite, bowels and temperature remained normal during the entire convalescent period. The skin sutures were removed on the ninth day following surgery and the patient was discharged Feb. 18, 1954.

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