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Intermittent Preputial Diverticulum Phimosis in a Boar

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Pony cast in position showing proper placement of clamp on hernial sac.

for 24 hours. On January 13, the colt was given 40 G. of chloral hydrate via a stomach tube. The animal was cast on the operating mats and restrained in dorsal recumbency. The area over and surrounding the hernial sac was shaved, washed defatted with ether and disinfected with 70 percent isopropyl alcohol. The hernial sac was secured with a vulsellum type forceps and pulled upward. An Iowa hernia clamp was applied so that the hernial ring was fixed between the edges of the clamp. The clamp was then tightened securely. The patient was given 1500 units of tetanus antitoxin subcutaneously in the neck under the mane and 3,000,000 units of aqueous suspension of procaine penicillin intramuscularly in the gluteal region following disinfection of the injection sites. The animal was then tied in its stall in order to prevent its biting at the clamp.

Postoperative treatment consisted of daily tightening of the clamp by tightening the set screws one-fourth to one-half of a turn. Three million units aqueous suspension procaine penicillin was injected intramuscularly into the gluteal region every other day for a total of four injections. The hernial sac was examined daily for signs of necrosis. By January 24, it was apparent that the tissue was not going to necrose in the usual manner. There was a warm sensation to the hernial sac indicating that all circulation had not been cut off; therefore, necrosis would not occur.

On January 26, the patient was given 45 G. chloral hydrate via a stomach tube and cast and restrained on the mats. The operative area was washed and disinfected. A tug suture of No. 4 braided nylon was placed between the abdominal wall and the hernial clamp. Stitches were taken about 1/2 inch long and placed as close to the clamp as possible. The patient was returned to his stall and tied.

On January 27, there was swelling above the clamp and beginning necrosis distal to the clamp. The portion beneath the clamp became drier each day. By January 30, the posterior half had separated from the belly wall. On February 2, the tissue had completely necrosed. By February 4, the wound had healed, and the animal was ordered home.

Quenten Sundberg, '55

Intermittent Preputial Diverticulum Phimosis in a Boar. On Nov. 29, 1954, a yearling Landrace boar was admitted to the Stange Memorial Clinic. The accompanying history was as follows: The boar had settled several sows in spite of difficulty in serving them and normal libido seemed to be somewhat retarded. A noticeable quantity of ejaculate appeared to be evacuated from the vulva of the sows serviced. Occasionally, the penis was observed protruding from the prepuce 4 to 6 inches. In all other aspects the animal appeared normal.

Upon examination it was found that the penis could be extended manually for a sufficient distance to permit normal copulation. No adhesions were present; however, a large preputial diverticulum was observed. The glans penis was slightly flattened and had a tendency to enter the preputial diverticulum upon erection which prevented normal penetration of the female genital tract. The diagnosis was preputial diverticulum phimosis due to entrance of the glans penis into the preputial diverticulum.
The owner was interested in correction of the condition to allow further use of the animal for breeding purposes. A blunt bistoury was introduced into the preputial diverticulum and the anterior ledge of the diverticulum was incised; further cutting was done with a suture scissors. Upon completion of the operation, the glans penis passed through the diverticulum and out the prepuce without the preputial diverticulum offering resistance. Sulfathiazole cream (5 percent) was instilled into the diverticulum and the patient released the same day.

A report was received from the owner 2 months following the operation stating the animal had no further trouble protruding the penis and had successfully bred 18 sows. Four sows bred prior to the operation had farrowed. The owner considers the operation a success. It is not known whether or not this defect is heritable.

John B. Mulder, '56

**Coxa Plana (Legg-Perthes Disease).** On Oct. 20, 1954, a 6-month-old male Labrador was referred to the Stange Memorial Clinic. The history was an intermittent luxation occurring in the hip joints for the past 3 weeks.

Physical examination revealed crepitation in each of the coxofemoral articulations. By manipulation the heads of the femurs could be dislocated from their sockets with great ease and little evidence of pain. The joints, in their natural position, were luxated.

A tentative diagnosis of coxa plana was made. The diagnosis was confirmed on the following day by a dorso-ventral radiograph of the pelvic area. The radiograph showed bilateral flattening of the heads of the femurs. The owner was given a guarded prognosis and the patient discharged on Oct. 21, 1954. Decalbion-Forte® was dispensed as supportive therapy.

A phone call to the owner on Feb. 3, 1955, indicated the dog had made an apparent recovery.

The etiology of this disease remains vague. Schnelle reports trauma, inflammation, rickets, unrecognized congenital subluxation, endocrine disorders, shallow acetabulums, familial, and vascular impediments have all been incriminated. Dogs with straight hind legs and little stifle angulation are believed to be more susceptible to this condition. The condition is most frequently seen in dogs 3 to 10 months of age.

Frank Hughes, '55

**Impaction of the Small Colon in a Shetland Pony.** On Oct. 20, 1954, a 6-month-old Shetland pony was admitted to Stange Memorial Clinic. The history revealed that the animal had been treated for impaction on October 18. Oil and enemas were given by the local practicing veterinarian to no avail. Therefore, a laparotomy was decided upon.

General anesthesia was administered by means of intravenous pentobarbital sodium with an initial dose of 12 cc. The animal was restrained on the operating table in right lateral recumbency and the operative field (left flank and paralumbar fossa area) prepared by clipping, shaving, washing thoroughly, defatting with ether, and disinfecting with tincture of iodine.