1956

Ergot Poisoning

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Recommended Citation

Waller, Roger (1956) "Ergot Poisoning," Iowa State University Veterinarian; Vol. 18 : Iss. 3 , Article 9. Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol18/iss3/9

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iorly to the last rib, dorsally about 4 inches from the costai-vertebral articulation and anteriorly to the reticulum. The incision was then covered with a sterile towel while the right paralumbar fossa was prepared and an incision made. Then with one man’s arm in one incision and another man’s arm in the other, by a pushing and pulling manipulation, the abomasum was returned to approximately its normal position. The incisions were sutured and 3 million units of penicillin were given intramuscularly.

The next day the cow’s temperature was 102.5° F. and she was eating some hay and grain. Weak rumen movement could be felt and the animal’s feces were fluid. They remained fluid and the cow ate varying amounts of hay and grain for a week after surgery at which time she was discharged.

The prognosis in this case must be given as no better than fair because the condition was of long standing. The percentage of recoveries in the past has been fairly good. Tonus to the musculature of the stomachs will return very slowly and improvement over a period of weeks is usually the case.

Rannula Of The Canine is a condition involving the retention of the flow of saliva from the submaxillary gland. Synonymous terms are retention cyst and submaxillary cyst but the condition is erroneously called sublingual cyst, a separate disease. Etiology includes calculi, foreign bodies, trauma, stenosis, and congenital anomalies.

A 4-year-old male Dachshund was admitted to the Stange Memorial Clinic on March 30th, 1956. The dog manifested a soft, fluctuating and noninflammatory swelling in the submaxillary intermandibular space. The history revealed the condition was of two years duration. Upon puncture with a sterile 20 gauge needle, a watery mucoid fluid was obtained. The tonsils were inflammed and enlarged, and the temperature was recorded at 102.4. No generalized symptoms were present.

On April 2nd, surgery was performed. The dog was sedated with ½ gr. morphine and anesthetized with 2.5 cc. of pentobarbital sodium. A liberal area ventral to the mandibles and the larynx was clipped, shaved, scrubbed with germicidal detergent® defatted with ether, and disinfected with phenylmerc®. The incision was made on the ventral midline and extended from the intermandibular area to a point 2 inches posterior to the larynx. The cyst consisted of the entire gland and no duct was found, suggesting that the condition was congenital in nature. The cyst was dissected out and completely removed. The fascia was closed with interrupted sutures of 00 chronic catgut and the skin was brought into apposition with interrupted sutures of medium sized vetafil®. (30 mm.). The area was covered with flexoseal® (Brasel Products Inc.) to help prevent drainage and to assist in keeping the bandage in contact with the area.

Three days following surgery, the area ventral to the mandibles had enlarged with collected serum so a suture was removed from the ventral edge of the incision and the fluid was allowed to drain. On the seventh and eighth days following surgery, 2 percent tincture of iodine was applied to the draining opening in an attempt to hasten the healing process. Ophthalmic ointment was applied to the eyes to prevent irritation from the iodine fumes.

The patient was discharged April 10th, eight days following surgery with the incision granulating satisfactorily and with a minimum amount of drainage.

—— Paul Leonard ’57

Ergot Poisoning. On Jan. 20, 1956, a yearling Hereford steer was admitted to Stange Memorial Clinic with a history of possible foot rot of the two back legs. The animal was posted the next day with the following findings. The two claws
Necrosis of the tissue which almost lead to complete separation at the coffin joint.

of the pelvic limbs were almost completely separated from the limbs at the coffin joint, but were still hanging by the remaining ligaments. The skin of the ears was not affected, but dry gangrene of the posterior one-half of the tail was occurring.

Generally ergot poisoning of livestock is of the chronic type with a prolonged course. It arises from repeated ingestion of feed containing ergot.

The mechanism of action of the ergot alkaloids is to injure the capillary endothelium. Vascular stasis results followed by thrombosis in the small arterioles. This leads to anoxia of the tissues and dry gangrene may be the result. The extremities are usually affected first.

The symptoms of chronic ergot poisoning in cattle are usually diarrhea, affected extremities become cold and insensitive, stiffness and soreness of the lower legs leading to pain and inability to walk.

There may be dry gangrene of the affected part with a prominent line of demarcation between the healthy and affected tissue. The affected part will invariably slough.

—Roger Waller '57

Diaphragmatic Hernia. On Feb. 6, a 1-year-old bitch was admitted to Stange Memorial Clinic with a history that included injury by an automobile. Symptoms shown by the patient consisted of rapid abdominal respiratory movements that were aggravated by tilting the animal up on its front legs and were diminished by tilting the animal on its rear legs. The short stifled breathing was accelerated and a cough was induced by exercise. A dorso-ventral x-ray revealed portions of the liver and loops of the intestine lying in the thorax and a tear in the right side of the diaphragmatic muscle.

On Feb. 8, surgery was performed. The patient was given 3 cc. demerol® one hour prior to surgery. An area including the ventral half of the thoracic and abdominal cavities was clipped, shaved, scrubbed with germicidal detergent®, defatted with ether, and disinfected with phenylmerc®. The patient was anesthetized with pentobarbital sodium (somnodental®). A syringe of metrazol® was readied for emergency use. Blood was administered in the saphenous vein at the rate of one drop per second to a total of 250 cc. Oxygenated air was administered, using a Harvard Respiration Pump and an intratracheal tube.

A 4 inch incision was made in the mid-line posterior to the xyphoid cartilage and the abdominal cavity was entered. Intestine and liver were removed from the thoracic cavity and replaced into the abdominal cavity. Fluid was aspirated from the thorax with a water suction apparatus. The diaphragm was sutured to the thoracic wall with interrupted sutures of 00 chronic catgut. The lungs were fully inflated before placing the last suture in the diaphragm, in an attempt to produce a negative intra thoracic pres-