1959

Surgical Treatment of a Suprapharyngeal Abscess in a Bovine

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Recommended Citation

Hubbard, Richard (1959) 'Surgical Treatment of a Suprapharyngeal Abscess in a Bovine,' Iowa State University Veterinarian: Vol. 21 : Iss. 1 , Article 12.

Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol21/iss1/12

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On the first postoperative day, the bladder was empty and the papers in the cage were soaked sporadically indicating constant passage of urine. The patient showed a voracious appetite on the second postoperative day and was alert and playful. Since there had been no bowel movements, an enema was given with positive results. For the next several days small quantities of blood were passed. All medication had been discontinued by May 11, when the patient was discharged. The patient was examined on May 16, and the sutures were removed. The wound was healing well.

The owner was contacted in mid-August and stated that there had been no post-surgical complications.

Durwood Davis, '59

Surgical Treatment of a Supra pharyngeal Abscess in a Bovine.

Abscessation of the suprathypharyngeal lymph nodes in beef cattle is not an uncommon condition but is difficult to treat. Corynebacterium pyogenes appears to be the most frequent cause of the condition.

On July 12, 1958, a yearling Hereford steer was admitted to the Stange Veterinary Clinic. A generalized massive swelling was noted posterior to the ramus of the mandible upon the right side of the neck.

The area was incised and a fluid exudate was cleaned from the area. Heat was applied to the area and 10 cc. of Pen-Strep (Corn States Laboratories’ Antibiotic combination No. 1 containing 200,000 U. of Procaine Penicillin G plus 0.25 gm. of Dihydrostreptomycin per cc. of solution) was given intramuscularly to the animal daily for one week. The condition of the animal did not improve and the fistulous tracts continued to drain. One tablespoon of Hi-Amine (Allied Laboratories’, phylenediaminedihydrochloride 20 gr./lb.) was given twice daily with the patient’s feed of grain until iodinism was noted. The patient’s condition remained unchanged. An X-ray was taken, and it revealed an abscessation of the suprathypharyngeal lymph nodes.

On August 1 the animal was placed upon the operating table and prepared for surgery. Local anesthetic was unnecessary because of the scar tissue present surrounding the fistulous tracts. The fistulous tracts were dissected by an incision parallel and dorsal to the jugular vein. These tracts led to an abscess cavity dorsal to the pharynx. A cheesy mass of exudate which was approximately 3 inches in diameter was removed from the abscess cavity. A gauze pack soaked in 7 per cent iodine was placed in the abscess cavity, and the skin incision was partially closed.

After-care consisted of removing the pack 24 hours after surgery and flushing the area with weak potassium permanganate solution for one week. The cavity filled with granulation tissue and the dyspnea disappeared.

Upon discharge the steer was gaining weight rapidly.

Richard Hubbard, '59

Iowa State College Veterinarian