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Bilateral Entropion in a St. Bernard

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CLINICAL MEDICINE

1

Bilateral Entropion In A St. Bernard. On October 19, 1959, a 13-month old female St. Bernard was admitted to Stange Memorial Clinic with a history of having a bilateral chronic entropion of six months duration.

Examination of the dog revealed a bilateral superficial keratitis with vascularization, a small corneal ulcer of the right eye, and a moderate iritis of both eyes. There was also a hypertrophy of the lymph gland of the third eyelid of the left eye which had persisted for several weeks. This resulted in an abnormal fold or "crease" developing obliquely along the long axis of the third eyelid, and hence preventing the structure from covering the lower portion of the eye in a normal fashion. The conjunctiva was greatly inflamed. A severe entropion was present involving the lower and upper lids of both eyes. This appeared exaggerated due to the irritation of the cornea and inflammation of the conjunctiva. Photophobia was severe as was



Bilateral Entropion involving both lids.

Index

1. Bilateral Entropion in a St. Bernard.
2. Papilloma of the Canine Urinary Bladder.
3. Shoulder Atrophy (Sweeny) in a Bovine.
4. Esophageal Dilatation.
5. An Esophageal Foreign Body in a Pony.
6. Ovine Dystocia Caused By Severe Abdominal Distention of the Fetus.

the ocular discharge which was thick and tenacious. Atropine was instilled to relieve the pain associated with the iritis and chloramphenicol ointments were used to combat the infection.

On October 22, a bilateral removal of the lymph gland of the third eyelid was performed. One-half c.c. of sterile mineral oil was injected subcutaneously in each upper lid while an elliptical section of skin was removed about one-fourth inch from the border of the lower lids. Interrupted sutures of supramid (medium) were used to close the incision. Only slight improvement occurred following the surgery. The conjunctiva and photophobia continued to persist. The dog still tried to paw at its eyes and enfold her eyelids to their maximum. Since the chloramphenicol ointment failed to arrest the infection, a

bacteriological culture was obtained which proved to be a resistant *Pseudomonas* which was sensitive to the following antibiotics: Tetracycline, Neomycin, Polymyxin and Furacin. An ointment containing tetracycline hydrochloride was then used with slight improvement being noted in a few days. Twelve days later (November 3) another attempt was made to correct the entropion which still persisted in both upper and lower lids. An operation similar to the previously mentioned procedure was performed. Strips of skin about $\frac{1}{4}$ to $\frac{3}{8}$ inches wide and about one inch long were removed from the upper and lower lids. This surgery was more radical than the previous procedure. Tetracycline hydrochloride ophthalmic ointments were used three times daily with marked improvement each day. Several days following the second operation the photophobia lessened as did the conjunctivitis and the ocular discharge. There appeared to be a slight over correction of the right lower lid. The patient was discharged on Nov. 15, 1959. Two months following discharge the dog was observed to have completely recovered from the entropion, conjunctivitis, and the corneas were relatively clear even after months of irritation.

This case is interesting from the standpoint of the severity of the entropion, the fact that it involved the upper and lower lids, and the relative resistance of the organism causing the infection.

Chuck Wyatt '60

2

Papilloma of the Canine Urinary Bladder. Reports of neoplasms of canine urinary bladder are not uncommon in the literature, however, this condition is not frequently seen in practice. The urinary bladder mucosa is most frequently involved with single or multiple, papillomas or carcinomas. Mesenchymal tumors occur less frequently and usually involve the smooth muscle (leiomyomas).

On January 31, 1960, a 12 year old spayed female dog of mixed breeding was admitted to Stange Memorial Clinic. The history offered was that of a recurring hematuria with urinary incontinence for a period of three years. The condition had

failed to respond to medicinal and hormonal therapy.

The patient's appetite and rectal temperatures were normal, however bowel movements were irregular and the rectum was impacted. Gross examination revealed a large quantity of fresh blood being voided, evenly admixed, in the urine.

An enema was administered to relieve the constipation, and to make possible palpation per rectum. This palpation revealed an indefinite fluctuating tissue mass in the region of the bladder. Abdominal palpation, though difficult because of the obesity of the dog, gave similar results. The patient did not object or elicit pain when palpated.

Radiological examination was performed immediately after the dog had micturated. The film revealed a partially distended urinary bladder with an absence of radiopaque material in the lumen. A tentative diagnosis of a tumor in the region of the urinary bladder was made.

An exploratory celiotomy and probable cystotomy was indicated to confirm the diagnosis, and to relieve the condition. The owner's permission was requested and granted on February 6.

The surgical procedure was that of a routine celiotomy (midventral approach). The incision into the bladder exposed a large, pedunculated, neoplastic mass. The tumor was very vascular, and soft in consistency. The single attachment to the ventro-lateral bladder mucosa was by a short, thin (about 1 cm.), stalk of tissue. The body of the tumor measured 2.5 cm. X 3.75 cm. X 2 cm., and displaced the entire lumen. The tumor was extirpated at its attachment to the mucosa and the hemorrhage that ensued was controlled by sutures of 00 chromic catgut. The cystotomy and abdominal incisions were closed in a routine manner. Postoperatively, 2 cc. of antibiotic combination (Procaine Pencillin G and Dihydrostreptomycin, Cornstates Laboratories), was administered intramuscularly.

Two days following surgery the temperature was reported to be 103.7°F. The respirations were increased, and the appetite was negative. Treatment with 250 mg. of chloramphenicol (Chloromycetin,