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Iatrogenic Foreign Body in a Previously Blind Teat: Case Report

Case Report

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Abstract

Foreign body in the teat cistern was surgically removed by thelotomy.

Keywords: Foreign Body; Teat Cistern; Thelotomy; Blind Teat.

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Case Study

A non-descript buffalo in her first parity was presented to polyclinic I.V.R.I, Izatnagar, Bareilly, U.P, India. The animal had parturition 15 days back and was having one teat blocked which was treated by a quake using glass bangle. The bangle has broken into the teat canal according to the owner. The teat was swollen locally and a gritty sound was felt on palpation. The other quarters were normal.

Surgical Procedure

The cow was positioned in a chute and the leg tied using rope to the iron pole. Anaesthesia of the teat was achieved using the ring block technique in combination with teat cistern infusion technique. The teat and udder were cleaned using chlorhexidine antiseptic and surgical spirit applied. A rubber tourniquet was then applied at the base of the teat and local anaesthetic, lignocaine hydrochloride (2%) administered into the tissues ventral to the tourniquet in a ring fashion. 5ml of lignocaine (2%) were infiltrated into the tissues. In addition a teat infusion using 3ml lignocaine (2%) were administered to provide analgesia to the mucosa of the teat canal [4]. The anesthesia was given 15 minutes time to take effect.

Thelotomy was to remove the foreign body. Incision was given just over the suspected site of foreign body location. The foreign body was located and pushed towards the canal and removed through the teat canal by using forceps. The surgical field was irrigated with saline and the incision was closed like deeper lacerations. An in-dwelling mammary catheter was inserted into the teat canal and a sub-mucosal horizontal suture pattern was used to appose mucosal ends using polydioxanone (vicryl) 3/0 suture. The skin was apposed using a simple interrupted pattern using nylon 2/0 suture.

The catheter was left in teat canal to facilitate the draining of the teat for 10 days. The retention of a self retaining catheter for 10 days allows for milk flow to be restored with minimal manipulation of the teat which may cause injuries and dislodge sutures. In post-operative management adequate antibiosis as required to prevent mastitis infection was provided by intramammary antibiotic preparations as well as systemic antibiotics administration. Non absorbable sutures should be removed on10 day post-operatively.

Results

Healing of the surgical would was complete after 10 days and hand milking was possible afterwards.

Discussion

Blind teat may be congenital or acquired due to any trauma near the teat sphincter. Such cases generally reported just after parturition on palpation milk thrill found in teat cistern on pressing milk passed backward toward milk udder cistern [1]. Imperforated teat treated by 15 gauze needle, after creating opening, it is further dilated using hugs teat tumour extractor, milk canula fixed for 24 hour after that frequent milking advised at 4 to 6 hours intervals to prevent adhesion. In this case a bangle was used by a quake which entered the teat tissue and broke inside. The foreign bodies can be removed through the teat canal by using forceps [2], but in this case it was not possible as there were chances of breaking of

glass into piece, even if a single minute piece can continue to act a foreign bodies and source of inflammation, microbial growth and nidus for fibrosis and stricture of teat canal. The local anesthetic block techniques allow surgical interventions with animals in standing restraint which prevents further damage to udder structures. In addition minimal quantities of local anesthetic agents ensure economical management of teat and udder trauma [4]. The suturing in three layers like deeper lacerations involving the teat canal will require prompt suturing (within 6 hours of trauma) of the defects [3] provides thight leak proof seal. The indewelling tube prevents the stenosis of the teat and prevents milk leakage and fistula formation.

References

- [1]. Ramesh Tiwary, M Hoque, B Kumar, Prabhakar Kumar (2005) Surgical condition of udder and teats in cows. The Indian Cow 25-27.
- [2]. Querengässer K, Geishauser T, Querengässer J, Bruckmaier R, Fehlings K, et al. (2000) Teat dilators as free foreign bodies in the bovine teat two case studies. Bovine Practitioner 34(1): 41-45.
- [3]. Roberts J, Fishwick J (2010) Teat surgery in dairy cattle. In Practice 32:388-396.
- [4]. Maria Laura Marongiu (2012) Local Anesthesia for Husbandry Procedures and Experimental Purposes in Farm Animals, A Bird's-Eye View of Veterinary Medicine, Dr. Carlos C. Perez-Marin (Ed.), ISBN: 978-953-51-0031-7, InTech, 233-254.