Surgical Management of squamous cell carcinoma in bullock
by
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Squamous cell carcinoma is most common in the working bullocks (Sastry & Rao, 2005) & is particular in the eye of the bovines (Naik & Randelia, 1975) & horn (Sastry & Rao, 2005). Lymphoma of nictitating membrane in dog (Barnett, 1978) & Buffalo (Jain et al., 1983) was reported. Mauali & Babu (2001) also reported ocular lymphoma in a buffalo heifer.

Eye cancer among cattle may be attributed to actinic rays of sun (Sastry & Rao, 2005).

History & clinical observation:–

In Nandurbar district till now 7 cases of squamous cell carcinoma related to eyes were operated all were in bullocks same was stated by Sastry & Rao, (2005). The incidence of squamous cell carcinoma is more in working bullocks, which are exposed to hot sun (Actinic rays).

In all the above 7 cases of eye cancer the nictitating membrane is evolved except a holstein freasian cow. while detail observation of the eye reveals intact eye ball having the vision so primarily the cases were tentatively diagnosed as squamous cell carcinoma hence decided for surgical removal of the neoplastic growth as a remedy.

Surgical procedure:–

The site of operation was prepared aseptically & animals were restrained in lateral recumbancy by preanaesthetics triflupromazine hydrochloride (Siquil) @ 2 mg/kg body weight by i/m route. Regional anaesthesia was achieved by performing auriculo-palpebral, supraorbital & retrobulbar nerve block with 2% lignocaine Hcl. The neoplastic growth was protruded out with the help of eyelid retractor & was excised out as much as possible & the eye was flushed with normal saline + gentamycine solution. The temporary tarsorrhaphy was performed for protection of cornea from exposure & injury.

In post operative care the eye was instilled with Neosporine-H eye ointment & s/conjunctival injection of gentamycin + dexamethasone along with antibiotics, antihistamines & anti-inflammatory for 5 days.
Result & Discussion:—

While 10th post-operative day the animals were recovered uneventfully having the complete vision without photophobia in all the cases in a single case the whole eye ball was affected & decided to extirpation.

The squamous cell carcinoma in early stage detection is necessary & is easily been removed successfully hence early detection is must.

Summery:—

All the cases of squamous cell carcinoma were treated surgically & uneventful recovery was seen without extirpating the eye ball except a single case in which the total eye ball was affected & maggots were lodged. In all the cases no further recovery was noticed after operation.

References:—


Studies on traumatic gastritis in canines & it's surgical treatment

by

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Technical Programme :-

Gastric foreign bodies are most common in dogs owing to their diatery habits & indiscriminant chewing behavior. Gastric foreign bodies frequently seen in dogs include needles, coins, stones, sticks, peach pits, plastics, aluminium foils & small toys. These gastric foreign bodies causes clinical signs because of mechanical irritation (e.g. acute or chronic gastritis) or gastric overflow obstruction..

Diagnosis of above serious condition includes physical examination, radiography & endoscopy.

Physical examination :-

This is often unremarkable except when gastric foreign bodies are very large & palpable. In all animals acute vomition & history of chewing foreign objects are helpful in diagnosis.

Radiography :-

Abdominal radiographs can identify radiopaque objects (e.g. coins, needles, & other metal objects ). Radiodense objects & gastric outflow obstruction (gas, fluid or food distended stomach )

A contrast gastrogram may be necessary to detect radiolucent gastric foreign bodies.

Endoscopy :-

Endoscopy can confirm suspected gastric foreign body & more important can remove most object noninvasively for this reason endoscopy often is preferable to a barium contrast radiography unless general anaesthesia is contraindicated.

Treatment :-

Gastroscopy :- If endoscopic equipment is unavailable or the object cannot be retrieved endoscopically, gastrotomy is indicated.

Endoscopy :- Attempt endoscopic removal of gastric foreign bodies prior to gastrotomy, because most foreign bodies prior to gastrotomy, because most foreign bodies can be removed in this fashion.