A Case of Ventricular Foreign Body in a Goose (Anser anser) (Case Report)

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Abstract: A 10 weeks old, male domesticated goose was presented to Afyon Kocatepe University, Faculty of Veterinary Medicine, Department of Surgery Clinics with the complaints of non-appetite, infirmity and sudden weight loss. In clinical examination, the goose had severe abdominal sensitivity and free of any bone fracture. In radiological examination, a foreign body which was suspected as nail was determined in the abdominal region. Under general anesthesia, surgery was performed with the midline incision of the abdomen and then ventriculotomy was done. Foreign body was removed as determined as nail. Incisions on ventriculus and abdomen were closed routinely. Postoperatively, antibiotic therapy, pain control and diet management were considered. The goose recovered in a week and appetite was restored normally. This case report aimed to report a rarely encountered ventricular foreign body (nail) in a goose.

Key words: Goose, ventricular foreign body, surgical treatment, goose, antibiotic therapy

INTRODUCTION

The Gastrointestinal (GI) Foreign Bodies (FB) are usually seen in dogs and cats (Adamcsak et al., 2000). Particularly, the FB in avian species are seen in wild birds, ratites and in juvenile parrots that it is common in proventricular or ventricular region of ostriches (Adamcsak et al., 2000; Hormas et al., 1991, 1993; Jacobson et al., 1986). In birds, surgical interventions are infrequent due to complications usually observed during clinical examination, general anesthesia, surgical approach and postoperative care.

Furthermore, the size of the birds and anatomical difficulty make the surgical procedure more complex (Bush and Kennedy, 1978). Bailey et al. (2001) has reported the GI FBs in bustards with high rate of mortality (Bailey et al., 2001). To the best of the knowledge, there is no reported FB cases in geese. Therefore, this case report aimed to determine rarely encountered ventricular foreign body (nail) in a goose.

Description of the case: A 10 weeks old, 2, 4 kg, male domesticated goose was presented to the faculty clinics. The owner informed that general condition of the goose was gradually worsening in last 10 days and water intake was decreased within a term debilitating the case to stand on foot. In clinical examination, none of any or bone fracture was found but the weight loss sensitivity and in non-responsive stance. Abdominal palpation showed a sensitivity.

Radiographical examination: With considering the history and clinical symptoms a nail was found (Fig. 1) with contrast in the ventrodorsal position abdominal X-ray. Besides there was no skeletal disorder.

MATERIALS AND METHODS

Anesthesia: About 5 mg kg⁻¹ xylazine HCl administrated i.m. for premedication. About 50 mg kg⁻¹ ketamine HCL administrated i.m. and general anesthesia achieved.

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Surgery: Under general anesthesia, the goose was positioned on dorsal recumbency and preparations were completed for surgery. The surgical area was bordered with drapes and midline incision was performed. The abdominal cavity was observed for adhesions and exudations and none encountered. The ventriculus was observed and found intact. Ventriculotomy was made as told before (Bush and Kennedy, 1978) and free body of the foreign object removed (Fig. 2). Ventricle and laparotomy incision closed in classical way (Bush and Kennedy, 1978).

Postoperative care: About 15 mg kg⁻¹ enrofloxacin i.m. administrated for a week and time and within end of this period the recovery was fully achieved with the uncomplicated wound healing restoration of appetite and mobility.

RESULTS AND DISCUSSION

The Gastrointestinal (GI) Foreign Bodies (FB) are often seen in dogs and cats. In avian species, the foreign bodies are shown for in zoo birds, in raptors and in juvenile parrots (Adamcak et al., 2000). Specially, ostriches are common to be seen to have proventricular and ventricular foreign bodies (Honnas et al., 1991, 1993; Jacobson et al., 1986) In the literature, there are records about FB in proventriculus and ventriculus in ostriches whereas none of metal FB case report was found in geese. Mostly, the reports was about extremity diseases of birds brought to Turkish clinics therefore, the study about FB in the ventriculus of a 10 weeks aged goose and it’s surgical treatment was found to be unique in this area. In the study about FB in two bastardos (Bailey et al., 2001), it is underlined that ventricular FB has high rates of mortality which in one case had ventricular perforation. In the study, body of the nai was free inside the ventriculus and away from perforating the tissues. In previous studies, left lateral celiotomy method is used and found easier exposition (Bailey et al., 2001; Bush and Kennedy, 1978) in the study, median celiotomy was used to reach ventriculus and none of the difficulty in approach experienced.

In the pre-study made by Bush and Kennedy (1978) in pigeons, the approach to the lumen of the ventriculus, the incision made at the posterior end of the crop on the M. intermedii in one study group, in 2nd group it is made on aponeurosis. The three layers of ventriculus is sewn separately. In this case report, ventricular incision was made on M. intermedii.

In the same study (Bush and Kennedy, 1978), necropsies are made and it is shown that the aponeurosis approach group has developed the generalized peritonitis and the 2nd group on the incision made on M. intermedii seen with adhesions. According to the case, the postoperative 4th day, the patient started to take food and water at the 6th day, the gait returned to its normal state and in proceeding days fully recovery was achieved which was reported by the owner.

CONCLUSION

As a result, the FB are commonly seen in birds. However, the publications about these cases are so limited. The aim in this study was to conduct the clinical case which brought to the clinics for the ventricular FB with the fellow practitioners.

REFERENCES


