SUCCESSFUL SURGICAL MANAGEMENT OF CUTANEOUS MYXOMA IN MURRAH BUFFALO: A CASE REPORT

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SUMMARY

A five year old female Murrah buffalo was presented with few irregular (3-4 in nos.) raised pedunculated flabby masses on the right facial region lasting for over a period of one year. Consistent and gradual increment in size was prominent outcome to the case. Clinical examination revealed firm hanged out subcutaneous mass at the right facial region. Estimates of physiological (temperature, respiration rate and heart rate) and haematological parameters were within normal limits. The surgical excision of the grown up mass exhibited that the mass had cream-coloured, smooth and glistening surfaces. The animal showed uneventful recovery on 8th day post-surgery. Histopathological examination revealed non encapsulated, abundant pale blue matrix with low cellular content suggestive of cutaneous myxoma.

Key words: Cutaneous myxoma, Murrah buffalo, surgical excision, physiological parameters.

Cutaneous or superficial myxoma is a rare myxoid tumour of the skin and subcutaneous tissue in domestic animals (Derakhshanfar et al., 2007) and considered to be a benign neoplasm that normally stem from subcutaneous or dermal fibroblast. Its predilection site includes the head, neck, trunk and lower extremities (Vissa et al., 2011; Rani et al., 2013). On palpation, either hard, elastic or soft like consistency may be felt and largely noted in middle-aged adults or elderly animals with no discrimination to sexual factors (Rani et al., 2013). Although the aetiology of cutaneous myxoma in dogs is not well understood, it has been suggested that it may be associated with other systemic illnesses. Genetics, environmental factors, carcinogenic drugs or miscellaneous toxic substances are among the probable causes of this neoplasm (Yeruham et al., 1999).

A five year old female Murrah buffalo was presented to the Teaching Veterinary Clinical Complex of this university with a primary complaint of pedunculated flabby mass with irregular raised nodules 3-4 in number on the right facial region growing continuously since one year (Fig. 1). The animal showed normal feeding habits with sharp appetite and good demeanour. The growth on the right facial region was palpated and the consistency was recorded. Based on the clinical examination, the case was tentatively diagnosed as benign tumour. In view of the good state of health of the animal, normal physiological and haemato-biochemical parameters and sharp appetite, surgical excision was recommended. The buffalo was then prepared for aseptic surgery following standard procedure. The mass was excised carefully and excess skin flap was trimmed. Postoperative care was
achieved with Inj. intacef (4g), Inj. melonex (20 ml) and Inj. ascorvet (20 ml) administered by the intramuscular route for 5 days. Owner was advised to dress the surgical wound daily with povidone iodine solution and topical application of fly repellent spray and to remove skin sutures on day 14 postoperatively. The excised tissue was preserved in 10% buffered formal saline solution for histopathological examination which revealed the presence of stellate shaped cells dispersed in abundant mucinous ground substance (Fig. 2). The histopathological examination also revealed non capsulated, abundant pale blue matrix with low cellular content suggestive of cutaneous myxoma.

Occurrence of cutaneous myxoma in dogs has been reported (Derakhshanfar et al., 2007; Rani et al., 2013) There are a few reports on the occurrence of cutaneous myxoma in Murrah buffalo with successful surgical management (Hobbenaghi et al., 2015). The present case emphasizes that myxoma can be surgically treated, however, its recurrence needs to be investigated.

REFERENCES