PHLEGMON IN A SHE BUFFALO- A CLINICAL PERSPECTIVE

K.S.SAI KRISHNA^{*}, K.RAJESH, K.SURESH and N.LAKSHMI RANI

Department of Veterinary Medicine NTR College of Veterinary Science, Gannavaram- 521101, India

SUMMARY

A she buffalo with swollen face and purulent discharge from inflamed skin at lateral aspect of muzzle was presented. Clinical findings confirmed phlegmon and the animal was treated successfully using high dose antibiotics and anti-inflammatory drugs for prolonged duration.

Keywords: Phlegmon, she buffalo

Phlegmon is a condition clinically characterised bynecrotising inflammation of sub cutaneous tissues and its layers which may progress to pus formation and sloughing of the affected skin (Radostits *et al.*, 2007). The condition is due to administration of injection at infected sites, penetrating traumatic wounds caused by barbs and sharp wooden edges etc. leading to accumulation of foreign material that progress to infection (Smith, 2002). Phlegmon was often termed as cellulitis, however clinically cellulitis is a diffuse inflammatory process without suppuration whereas phlegmon is an acute suppurative process (Qureshi, 2012).

A she buffalo aged 5 years was presented to Teaching Veterinary Clinical complex, Gannavaram, District Krishna, Andhra Pradesh with the history of anorexia, severely swollen discontinued with tapering doses. Meloxicam @ 0.5 mg/kg body weight I/M was also given for 15 days to control pain and fever. Owner was advised to apply neem oil topically. The Buffalo showed improvement 15days after initiation of therapy and complete recovery was noticed by two months (Fig.2). In view of severity of clinical condition, the treatment was prolonged for about 30 days with natural Penicillin and topical fly repellents (neem oil). The owner was advised to supplement gruel diet for a week to prevent further infliction of the wound.

In the present case, the inciting cause was penetrating injury that occurred when the animal was allowed for grazing. The longer duration of therapy for the complete recovery of the condition is in accordance with Rajesh *et al.*, 2009 who stated

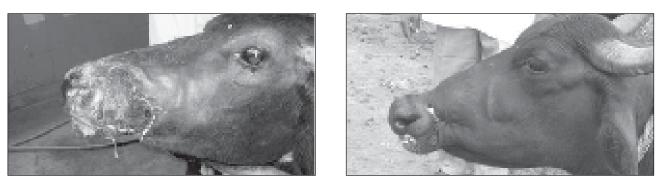


Fig.1 Phlegmon in a she buffalo- before therapyFig.2 Recovered animal after two months therapy

face, oozing of pus from skin over the left lateral aspect of muzzle since a week. Physical examination revealed cold clammy skin with exudation of pus (Fig.1). Examination of the oral cavity revealed the evidence of penetrating injury to the left buccal mucosa with lodged food particles, resulted in acute suppurative inflammation. Earlier, local veterinarian treated the animal for three days without any significant improvement. Routine clinical examination revealed elevated temperature (103.6F) and suspended ruminations with no other significant changes. Hemogram revealed no significant abnormality with neutrophilia (62%). The case was confirmed as phlegmon and treatment was initiated.

The affected portion was regularly cleaned with potassium permanganate lotion (1:1000). The animal was treated using antibiotics Benzathine Penicillin (48,00,000 IU) I/M once in 48 hrs for 15 days and later Streptomycin and Penicillin 2.5g I/M SID was administered for one month. Prednisolone was given @ 1.0 mg/kg body weight I/M for 10 days and later

that broad spectrum antibiotics for a prolonged period are required for the management of phlegmon. In the present case, Penicillin was used as drug of choice for treating cellulitis /phlegmon (Andrews *et al.*, 2004). The prednisolone was given in order to achieve broadspectrum anti-inflammatory action along with the NSAID meloxicam; and topical fly repellents were used to avoid fly menace.

REFERENCES

Qureshi, A.Z. (2012). The three Musketeers: Cellulitis, Phlegmon and Abcess. *J. Pakistan Med. Assoc.* **62(11)**:1258.

Radostits, O.M., Gay C.C., Hinchcliff, K.W. and Constable, P.D. (2007). Veterinary Medicine. (10thedn.), Saunders-Elsevier, New York, USA.

Rajesh, K., Suresh, K. and Syaama Sundar, N. (2009). Phlegmon in a she buffalo - A case report. *Buffalo Bull*. **28(3):**113-114

Smith, P.B. (2002). *Large Animal Internal Medicine*. (3rd edn). Mosby Publishers. Missouri, p188.

^{*}Corresponding author: vetdoc33@gmail.com