

## CERVICAL OESOPHAGEAL OBSTRUCTION AND ITS NON-SURGICAL MANAGEMENT IN A MEHSANA BUFFALO

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### SUMMARY

An eight year old female Mehsana buffalo was presented with history of inability to swallow, profuse salivation and palpable hard swelling at the ventral aspect of neck. It was diagnosed as cervical oesophageal obstruction by radiography. The foreign body was retrieved manually with uneventful recovery.

**Keywords:** Buffalo, Choke, Leather

Intraluminal obstruction of oesophagus usually occurs in ruminants when foreign object in form of large feed stuff, medicated bolus, trichobezoars and pieces of leather/rubber are lodged either at the cranial aspect of cervical oesophagus or the thoracic inlet or at the base of heart (Meagher and Mayhew, 1978; Patel and Brace, 1995; Salunke *et al.*, 2003). Sometimes oesophageal granuloma has also been reported to cause this malady (Gangwar *et al.*, 2013). It is an acute life threatening condition which required emergency treatment (Prakash *et al.*, 2014). The present case is a cervical choke due to large size leather piece and its non-surgical management.

An eight year old Mehsana buffalo with history of inability to swallow, respiratory distress, ruminal tympany and profuse salivation since 6 hours ago was reported at veterinary clinical complex of university. On clinical examination, a hard mass was palpated at the mid cervical regions (Fig. 1) and frequent coughing. The rectal temperature was normal but the heart rate and respiratory rate were elevated. On radiography (Siemen India), irregular obstructive mass was identified in the middle part of cervical oesophagus (Fig. 2). On palpation, mass was

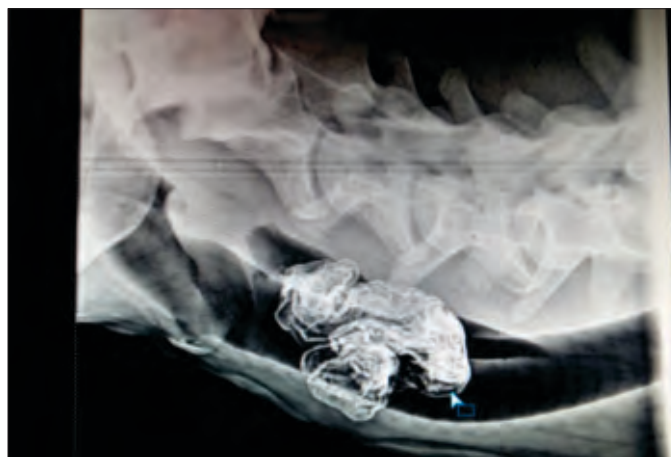


Fig. 2. Mid cervical obstruction

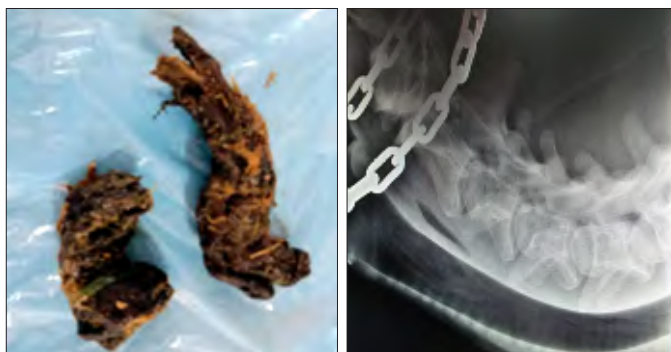


Fig. 3. Obstructed leather pieces Fig. 4. Post operative radiograph to check the patency of oesophagus

moving in upward direction and proximal in position. Hence, its removal was planned to manage non-surgically.

The buffalo was sedated with Inj. Xylazine @0.1 mg/kg body weight intramuscularly and restrained in lateral recumbency. Subsequently, Inj. Ketamine @ 1mg/kg body weight was administered intravenously to achieve desire level of anesthesia. A mouth gag (Stainless steel) lubricated properly was placed in the oral cavity gently to avoid the trauma or injury to buccal mucosa. A foreign object was identified and removed after applying mild traction (Fig. 3). The buffalo was given conservative



Fig.1. Hard swelling at mid cervical region

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treatment using Inj. Streptopenicillin 5 gm, Inj. Meloxicam @0.5mg/kg body weight and Chlorpheniramine Maleate @0.5 mg/Kg body weight intramuscularly sid for a period of 3 days in order to prevent the secondary bacterial complication on account of tractional injury if any, to minimize the pain stimuli and to prevent the release of histamine, respectively. The affected cervical region of buffalo was re-radiographed to observe the intraoesophageal patency (Fig. 4).

The leather piece removed from the cervical region of oesophagus in the present case was weighing 550 gm and elongated in shape. Further, it was very hard, corrugated with sharp edges. Earlier also, the cervical choke in ruminant has been reported on account of either leather or rubber piece (Hofmeyr, 1974; Patil *et al.*, 2014; Prakash *et al.*, 2014). Obstruction due to leather piece in thoracic region has also been reported by Yadav *et al.*, 2008. The affected buffalo was observed to suffer from acute tympany due to failure of eructation of gases. In the present case, the foreign object causing obstruction in the oesophagus was brought to oropharynx and retrieved manually after locating its position by radiography. The buffalo recovered successfully without any secondary complications.

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