

SURGICAL MANAGEMENT OF LINGUAL LACERATION IN A COW – A CASE REPORTSAGAR SAHOO*, BISWADEEP JENA¹ and MOUSUMI BARSHA BANANI MAJHI¹
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SUMMARY

A 6 years old crossbred Jersey cow was presented with laceration of tongue. Obligation of proper surgical techniques and maintenance of adequate postoperative measures rewarded with uneventful recovery.

Keywords: Cow, Laceration, Tongue

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Oral lacerations in cattle are associated with the indiscriminate eating habit, oral prehension and suckling habits on objects in their environment such as barbed wire, needles, and thorns. The lacerations may involve the lips, buccal membranes and the tongue (Patel *et al.*, 2013). Tongue problems are very dangerous to the health of animal because they cause dysphagia, weight loss and in turn production loss (Wilson and Anthony, 2007). The goals of tongue laceration repair are to attain adequate closure, minimize complications, preserve motility, optimize articulation and deglutition (Sangwan *et al.*, 2017). The present communication deals with successful surgical repair of traumatically lacerated tongue in a cow.

A six years old crossbred Jersey cow was presented with protruded tongue, salivation and dysphagia. Anamnesis revealed that these signs are since two days, after the animal had come back from pasture grazing. Upon physical examination, it revealed about full thickness oblique laceration of the rostral portion about entire breadth of tongue along with avulsion of the tip of the tongue (Fig. 1). This was attributed to the clinical signs of copious ptyalism, protrusion of tongue and dysphagia. As bleeding wound margins indicated the viability of the tongue, it was decided for surgical repair (Dwivedi *et al.*, 2013).

The animal was sedated with intramuscular inj. Xylazine HCl @0.1mg/Kg B.W. (Xylo B Injection; Brilliant Bio Pharma Pvt. Ltd.) with prior fasting of 36 hours. The animal was restrained under lateral recumbency. The wound edges were locally infiltrated with 2% Lignocaine HCl (Lox 2% Injection; Neon Laboratories Ltd.). The wound margin of the tongue was surgically debrided. The suturing was performed with Polyglactin 910 USP (1-0) in vertical mattress pattern. In

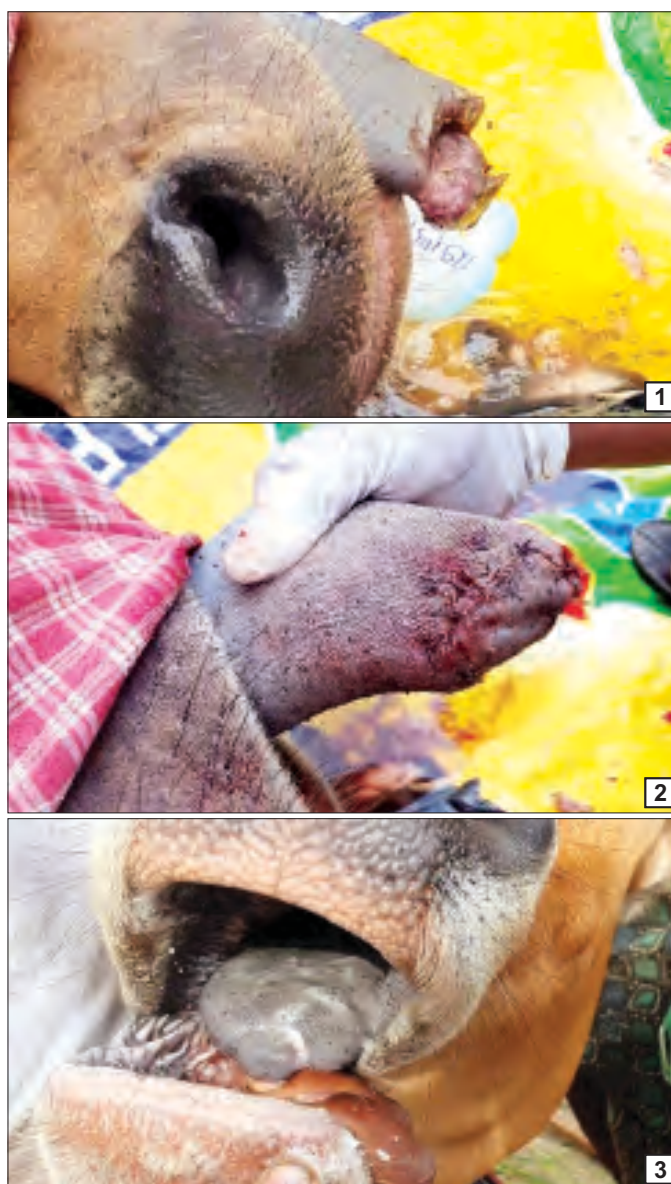


Fig. 1-3. (1) Full thickness oblique laceration of Tongue with avulsion of tip; (2) Final reconstruction; (3) Complete healing 2 weeks post-surgery

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between the vertical mattress sutures, simple interrupted sutures were put for reinforcement to prevent formation of non-healing tongue ulcer in future (Fig. 2).

Post-operatively Antibiotic (Amoxicillin+Cloxacillin BID @10mg/Kg BW IM, Moxel 4000 Injection (Alembic Pharmaceuticals Ltd.) and Anti-inflammatory (Meloxicam @0.2 mg/Kg BW IM, Melonex Injection (Intas Pharmaceuticals Ltd.) were administered for 7 days and 3 days, respectively. The oral cavity was lavaged with 2% povidone iodine for 14 days. The feed was withheld for first three days after surgery. During this period, I/V fluids (D25 1L, RL 1L and NS 5L) were administered to meet daily water and energy requirement. After that the owner was advised to give liquid diets like rice gruel, jaggery and very finely chaffed green fodder. After two weeks, owner reported resumption of normal prehension by the animal. As the sutures were absorbable in nature, the sutures were not removed, although some of the mucosal sutures were removed by the animal during prehension (Fig. 3).

Because of the tongue's crucial role in prehension of food, as much of the tongue as possible should be preserved (Jena *et al.*, 2017). Early surgical repair of tongue laceration results in rapid healing by primary intention while ensuring least amount of deformity and conformation because of good blood supply.

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