Dept. Clinical Studies
King Faisal University
Fac. Veterinary Medicine and Therapeutics
Head of Dept. Prof. Dr. M. Amin

UNCOMMON SEQUELLAE OF INGESTED SHARP FOREIGN BODIES IN GOATS
1- TRAUMATIC RETICULOPERITONITIS WITH SUPPURATIVE HEPATITIS IN A GOAT

(With 3 Fig.)

By

A. EL-SEBAIE

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المسار الغير عادى لبلع الأجسام الحاده الغريبه فى الماعز.
١- الالتهاب الكبدى الصديدى مع التهاب القلنسوه والغشاء البريتونى الرضى

على السباعى

أدخلت إلى المستشفى البيطرى التعليمى بجامعة الملك فيصل أنثى ماعز عمرها خمس سنوات - وهى راكضه ولا تستطيع الوقوف مع فقد ملحوظ فى الشهيه. أفادت الفحوص الأكلينيكيه - وجود هبوط حاد مع فقد ملحوظ فى السوائل كما أن طرق الفحص أفادت ما يشير إلى وجود آلام أثناء الفحص . نفقت الحاله فى اليوم التالى للفحص وأجريت الصفه التشريحيه التى استبينت وجود قطعة سلك حاده مخترقه جدار القلنسوه ثم الغشاء البريتونى محدثه بذلك التهاب مزمن فى كل من القلنسوه والغشاء البريتونى ، أتجه السلك بعد ذلك مخترقاً السطح الداخلى للكبد مسبباً التهاب صديدى موضعى فى السطح الداخلى للكبد مع وجود التصاقات بين الأجزاء التى اخترقها السلك ويعتبر هذا مسار غير معتاد عند إبتلاع الأجسام الغريبه فى الماعز والتى تحدث عادة فى حالات نادره جداً.

SUMMARY

A 5-years old goats admitted to the clinic in a condition of sternal recumbency and anorexia. Clinical findings were depression, dehydration, distension of head and neck. Necropsy findings revealed the presence of a sharp pointed foreign wire body penetrated the reticular wall, peritoneum and liver. Chronic peritonitis, local suppurative hepatitis and adhesion was also observed.

CASE HISTORY

A 5-years old female goat admitted to the Veterinary Teaching Hospital of King Faisal University at Saudi Arabia, with a history of emaciation and sternal recumbency. The goat was in the late pregnancy.

CLINICAL FINDINGS

The most common findings were complete anorexia, emaciation, sunken eyes, dehydration and grinding on the teeth (Fig. 1). Tenderness was observed during deep palpation of the abdomen. Dyspnea and extension of the head and neck were also found. Examination of the urine revealed marked ketonurea (++). Blood picture indicated a marked leucocytosis (18000/ml), neutrophilia with a decreased number of immature neutrophils. Blood serum analysis showed hypoproteinaemia (60 G/L) and increased activities of serum Aspartate Amino Transferase (GOT) 150 U/L and Alanine Amino Transferase (GPT) 100 U/L. The animal was treated with glucose 5% (I/V), sodium propionate 50 gm. orally and vit. E-selenium. After the first day of treatment the goat was died. Necropsy was carried out and revealed the presence of a penetrating sharp wire passed from the reticular wall to the peritonium towards the right side and causing acute local peritonitis, wire then pentrated the medial aspect of the liver and causes local suppurative hepatitis (Fig. 2). Adhesion was also observed between reticulum, peritonium and liver (Fig. 3).

DISCUSSION and CONCLUSION

Traumatic perforation of the reticular wall by sharp pointed foreign body is a common event in cattle, due to lack of oral discrimination which leads to ingestion of foreign body *(BLOOD et al., 1986)*. This is however why the incidence of

traumatic perforation of the reticular wall in sheep and goats is comparatively low *(BLOOD et al, 1968)*.Goats in Saudi arabia and other similar arid zones are usually subjected to inadequate nutritional conditions, which are reflected clincally on the goats in the form of deviated appetite and other associated signs. It is well known that deviated appetite is commonly associated with ingestion of unusual blunt or sharp objects *(RAMADAN and MAHROOSE, 1985 and EL-AMROUSI et al., 1985)*. Regarding the present case, it's of interesting here to mention that the goat was in late pregnancy, there fore however, expanded uterus with faetuses acts as additional factor and exerts constant pressure on the rumen and reticulm, consequently push the sharp foreign body through the reticular wall and the adjcent organs. Hypoproteinaemia and increased activities of serum enzymes indicated a considerable liver damage, while leucocytosis and increased number of neutrophils throw some light on the exsistence of the infection due the traumatic perforaton.

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Fig. 1- Goat showed depression, sternal recumbency and dyspnoea due to traumatic perforation.

Fig. 2- Foreign body penetrating reticular wall, peritonium and liver.

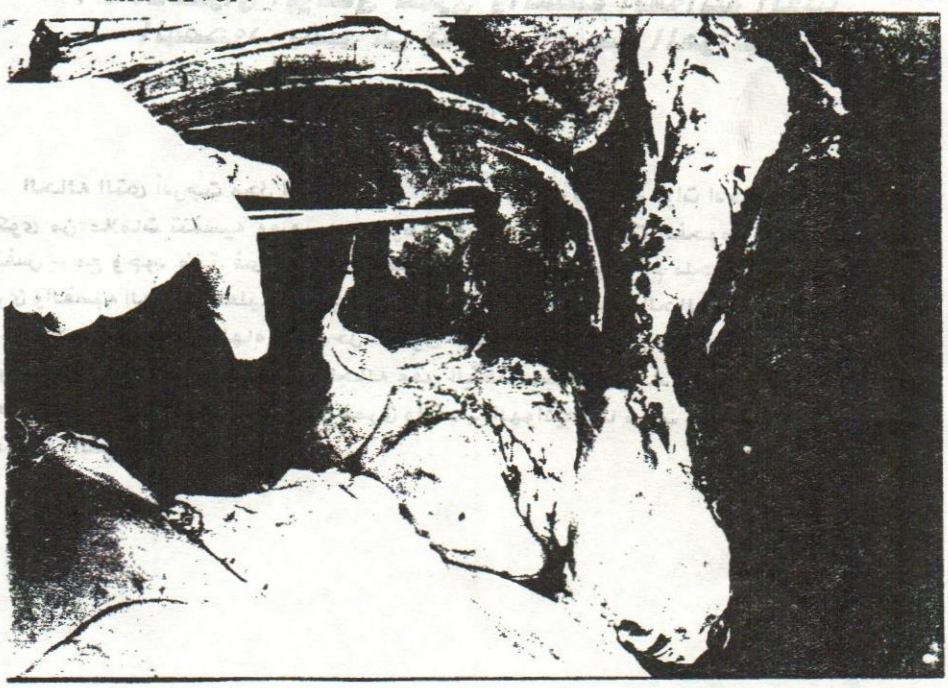

Fig. 3- Adhesion between reticular wall, peritoneum and liver.