

Dept. Clinical Studies
King Faisal University
College of Vet. Med. and Animal Resources
Head of Dept. Prof. Dr. M. Amin

UNCOMMON SEQUELAE OF INGESTED SHARP FOREIGN
BODIES IN GOAT
II- TRAUMATIC PERFORATION OF OESOPHAGUS
AND TRACHEA ASSOCIATED WITH TRACHEAL
COLLAPSE IN GOAT

(With 4 Fig.)

By

A. EL-SEBAIE

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المسار الغير عادى لبلع الأجسام الحادة الغريبة فى الماعز
٢ - الاختراق الوخزى للمرئ والقصبه الهوائيه العليا
المصحوب بضيق فى تجويف القصبه الهوائيه

على السباعى

الحاله التى أدرجت محل البحث كانت انثى ماعز عمرها ٣ سنوات ادخلت إلى المستشفى بشكوى من علامات تنفسيه وصعوبه ملحوظه فى التنفس . أفادت الفحوص الاكلينيكيه صعوبه التنفس - مع وجود ضيق فى تجويف القصبه الهوائيه ثم وجود آلام ملحوظه عند فحص منطقة المرئ والقصبه الهوائيه العليا بطريق اليد . استخدم فى فحص هذه الحاله منظار القصبه الهوائيه وتأكد وجود تورم فى اللهاه والمدخل العلوى للقصبه الهوائيه ثم صعوبه مرور منظار القصبه الهوائيه بعد هذه المنطقه . نفقت الحاله عقب الفحص مباشرة وأفادت الصفه التشريحيه وجود قطعة سلك مخترقه الاجزاء العليا من المرئ والقصبه الهوائيه مما ترتب عليه المضاعفات المرضيه المذكوره والموضحه بالصوره .

SUMMARY

A 3 years old goat suffering from respiratory distress and snoring sound was subjected to further clinical investigation. Clinical examination revealed inspiratory dyspnoea, labor respiration and tracheal collapse. Endoscopy revealed laryngitis, swelling of the epiglottis. Further investigation with endoscope in the upper respiratory tract was difficult. Necropsy findings indicated the presence of a sharp penetrating wire in the upper part of the oesophagus and trachea in addition to tracheal collapse.

CASE HISTORY

A 3-years old native breed goat was admitted to the Veterinary Teaching Hospital with a marked snoring respiratory sound, restlessness and dyspnoea.

CLINICAL FINDINGS

The goat showed signs of dyspnoea in the form of opening the mouth, dilated nostrils distended head and neck and labor respiration. Auscultation of the trachea and lung revealed harsh tracheal and bronchial sound. Palpation of the upper part of trachea and oesophagus reflected evidence of pain. Further palpation of the lower part of trachea revealed tracheal collapse with dorsoventral compression and narrowing of the lumen. Endoscopy of the upper respiratory tract showed marked congestion of the posterior nasal passage & larynx with swelling of the epiglottis. It was very difficult to introduce the endoscope more deeply in the tracheal lumen due to the presence of certain unidentified obstacle inside the tracheal lumen in addition to severe resistance of the animal during examination. The goat died few hours post examination. Necropsy has been done. It revealed the presence of a piece of wire ca. 6 cm long penetrating the oesophageal wall, passing directly through the tracheal wall, tracheal lumen and reaching the opposite side of trachea (Fig. 1, 2 and 3). Circumscribed areas of necrosis were detected around the site of entrance of the wire (Fig. 4) Besides, tracheal collapse with dorsoventrally flattened trachea and marked narrowing of tracheal lumen was evident. Scattered areas of lung were also collapsed.

DISCUSSION and CONCLUSION

In a previous case report on the uncommon pathway of a sharp foreign body perforation in goat, it has been mentioned that inadequate feeding management, nutritional deficiencies and parasitic infestation could be considered as persistence causes for ingestion of unusual foreign materials (EL-AMROUSI *et al*, 1985, and EL-SEBATE, 1993). Furthermore regarding the penetration site of sharp foreign bodies, it could be varied according to the nature of sharp object itself, and either swallowed alone or accidentally offered with ration provided to the animal. Such explanation agreed with findings after RAMADAN and MAHROOS, (1984). Screening the available information on the incidence of traumatic perforation of foreign bodies, it could be concluded that the incidence of traumatic perforation in goats at Al-HASSA area is relatively high and hence uncommon sequelae can take various forms and cause different diseases.

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TRAUMATIC PERFORATION, OESOPHAGUS, TRACHEA & GOAT

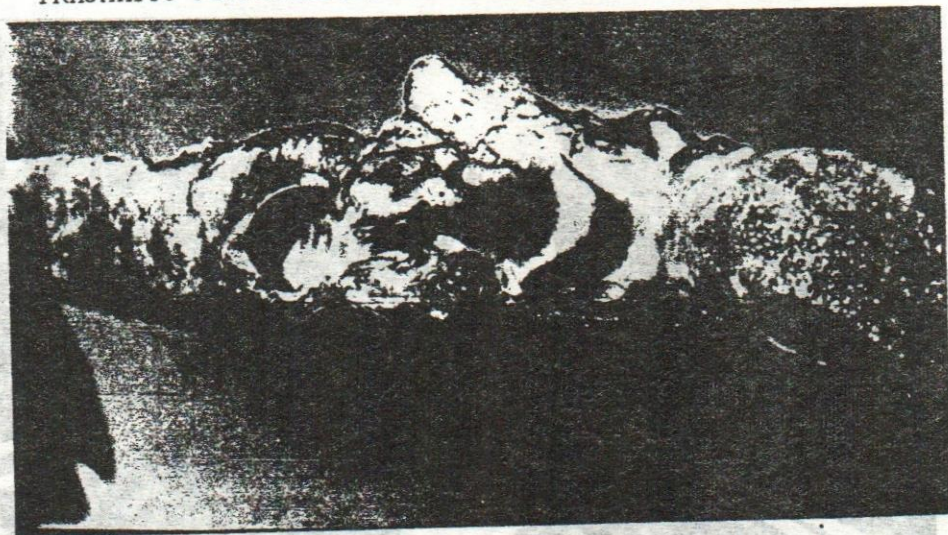


Fig. 1- A sharp wire penetrating the upper part of the oesophagus.



Fig. 2- The wire passes from the oesophageal wall and then penetrates the upper part of the trachea.

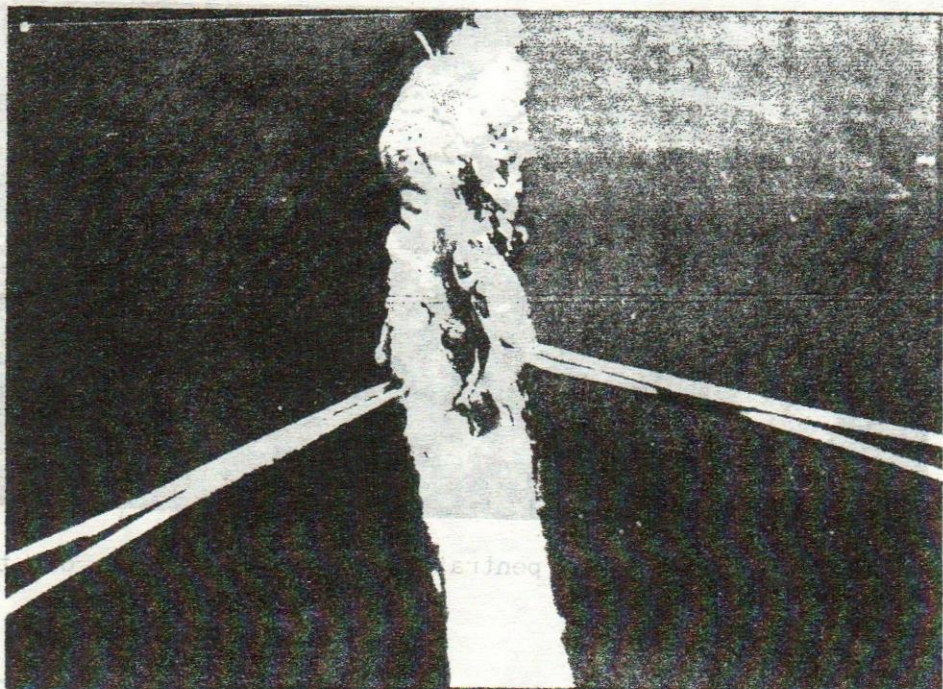


Fig. 3- Areas of necrosis around the site of entrance of the wire.

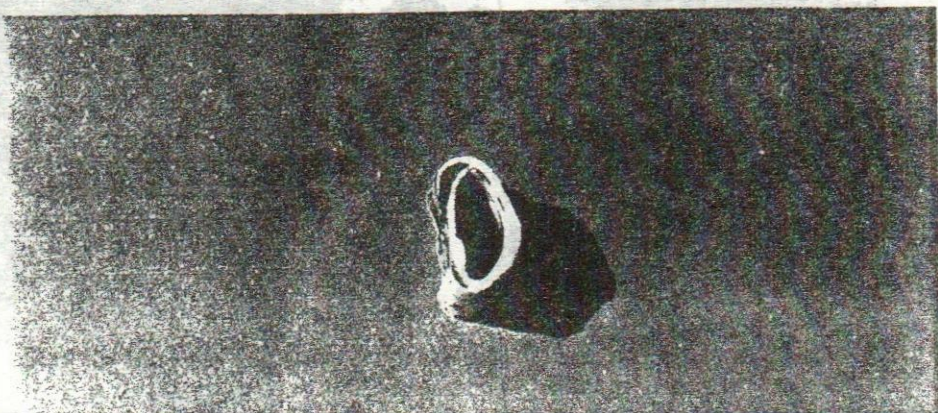


Fig. 4- Dorsoventral compression of the tracheal rings with narrowing of its lumen.