Surgical Management of Gastric Foreign Body in a Dog

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Abstract

A dog was brought with history of anorexia, dullness and vomitions due to foreign body ingestion. The presence of foreign body (coin) was confirmed by radiography and ultrasonography. Gastrotomy was performed and coin was retrieved from stomach. Post-surgery animal was normal and fully recovered.

Key words: Foreign body {coin}, Gastrostomy

Introduction

A gastric foreign body is any item, either food or nonfood material, that is present in the stomach and does not pass into the small intestine or is vomited. Gastrointestinal (GI) foreign bodies are common in dogs and cats [Evans et al., 1994]. Incidence of foreign body in the gastrointestinal tract of canine is due to voracious and indiscriminate habit of feeding (Ellison , 1990). The clinical signs depends on the location, the degree and the duration of the obstruction (Aronson et al., 2000 and Papazoglou et al., 2003). Radiography and ultrasonography are reliable methods to confirm presence of foreign body inside stomach (Fossum , 2007).

History

A 3 year old dog was presented to the college clinic with a history of anorexia, dullness and vomitions which occurred due to accidental intake of coin. The vital parameters were within normal range. On palpation of abdomen animal was able to feel pain. On survey radiograph, the presence of a circular radio opaque foreign body was revealed [fig 1]. On ultrasonographic examination it was further confirmed the presence of foreign body in the pyloric end of stomach. Complete blood count was performed was within normal physiological limit. It was decided to retrieve the foreign body through surgery.

Surgical Management
The animal was given dextrose saline @ 30ml/kg b.wt slow i/v. An emergency laparotomy was performed under atropine sulphate premedication @ 0.04 mg/ kg b.wt and anaesthesia was induced with propofol @ 4 mg/ kg b.wt i/v and was maintained with isoflurane. A ventral midline incision was made on linea alba and stomach was exteriorized. A stab incision was made on hypovascular greater curvature of stomach. Metzenbaum scissors were used to extend the incision. Carefully the foreign body, which was a coin was retrieved and removed [fig 2] without spillage of the gastric contents into the surgical site. The gastrotomy wound was sutured with 2-0 catgut in two layers inverting seromuscular pattern i.e cushings followed by lemberts. The linea alba was sutured with PGA size no.1 using simple interrupted pattern and finally skin was sutured using silk. Post operatively inj. Ceftriaxone @ 20 mg/ kg b.wt for 5 days and inj. Meloxicam @ 0.5 mg/ kg b.wt for 3 days were given. The animal was kept off feed for 2 days and maintained with i/v fluids and the owner was advised to maintain on liquid diet for few more days. Antiseptic dressing of suture line with 5% povidone iodine was advised. The sutures were removed after 10 days. The animal showed uneventful recovery.

**Discussion**

Gastrointestinal obstruction results in disturbances of fluid balance, acid-base status and serum electrolyte concentrations due to hyper secretion and sequestration within the gastrointestinal tract which is exacerbated by vomiting and impaired oral intake of fluid and nutrients (Boag et al ., 2005). In general, complete obstruction is associated with more dramatic clinical signs and a rapid deterioration whereas partial obstruction may be associated with more chronic signs of maldigestion and malabsorption (Papazoglou et al ., 2003). The foreign body in present case which lodged in pylorus was proved fatal but early recognition by owner, early diagnosis and prompt surgical treatment helped in retrieval of gastric foreign body without any serious complications.

**References**

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**Fig 1:** Radio opaque foreign body  
**Fig 2:** Retrieving coin