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Intestinal linear foreign body (sewing needle) and its successful surgical management in a cat

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Abstract

A four months old, female cat weighing around 5 kg bwt was presented to the Department of Veterinary Surgery and Radiology with a complaint of accidental ingestion of sewing needle and showed lethargy and anorexia. Lateral abdominal Radiograph revealed radio-opaque sewing needle in the caudal abdomen. Sewing needle was successfully retrieved by exploratory laparotomy and enterotomy. The animal showed uneventful recovery by the end of 1st post-operative week with normal food and water intake.

Keywords: Cat, linear foreign body, sewing needle, enterotomy

Introduction

Ingestion of foreign objects is a common clinical problem in small animal practice with string, needles, toys, and hair being the most commonly ingested foreign bodies (Bostami *et al.* 2020) [1]. The cats can often swallow these types of items and pass out in faeces without any problem, but when get anchored in the digestive tract, they leads to obstruction and potentially resulting in severe complications like perforation or peritonitis. Clinical signs of gastrointestinal foreign bodies include vomiting, anorexia, lethargy, and abdominal pain (Nandini *et al.* 2017) [4]. These signs may be attributed to failure of gastrointestinal content's forward flow secondary to the physical presence of the foreign material (Koenig and Wallace 2022) [3]. The present case reports early detection and successful retrieval of linear foreign body in a cat.

Case History and Clinical observations

A four months old, female cat weighing around 5 kg bwt was presented to the Department of Veterinary Surgery and Radiology, College of Veterinary Science, Proddatur with a history of accidental ingestion of sewing needle along with thread and reported lethargy and inappetence after ingestion of sewing needle. On oral cavity examination, observed absence of foreign body around the base of the tongue. All the vitals are within the normal range. Lateral abdominal radiograph confirmed the presence of radio-opaque sewing needle in the caudal abdomen (Figure 1). Based on history and lateral abdominal radiography, it was diagnosed as a case of linear foreign body and the animal was prepared for surgical correction.

Treatment

The cat was prepared for aseptic surgery and general anaesthesia was achieved by administration of Inj. Xylazine @1mg/kg b.wt and Inj. Ketamine @ 11mg/kg b.wt intramuscularly and maintained with a combination of Inj. Ketamine @ 5 mg/kg bwt and Inj. Diazepam @ 0.5 mg/kg b.wt intravenously. A ventral midline laparotomy was performed, stomach and intestines were carefully exteriorized and gently checked for presence of foreign bodies. The sewing needle was located within the colon by manual palpation (Figure 2) and removed through enterotomy incision on anti-mesenteric border and noticed normal peristaltic movement of intestine without any perforation. (Figure 3). The enterotomy incision was closed with double inversion suture pattern using 2-0 vicryl (Figure 4).

Abdominal lavage was performed with normal saline solution prior to the closure of laparotomy incision by standard procedure. Postoperatively the cat was administered with Inj. Ceftriaxone @ 10 mg/kg b.wt and Inj. Meloxicam @ 0.3mg/kg body weight intramuscularly for five and three days respectively. An Intravenous fluid therapy was prescribed and oral liquid diet was started 24 hrs. after surgery and solid diet recommended after 3 days. The animal showed uneventful recovery without any post-operative complication.

Results and Discussion

Sutures were removed on the 12th post-operative day and animal started normal food and water intake by the end of 1st post-operative week.

The incidence of linear foreign body ingestion is more common in cats compared to dogs. Usually, part of these objects' lodges at the base of the tongue or pylorus. Because

of continued peristalsis, linear foreign bodies become taut, cut into the mucosa and produce peritonitis (Fossum, 2013) [2]. But in the present case no such findings were observed. It might be due to the failure of linear foreign body to lodge around the tongue or at the pylorus. In the present case observed that sewing needle along with thread was by passed the stomach and small intestine and lodged in the proximal colon. Clinical signs varies with the extent of injury and the level of obstruction caused by the linear foreign body. In the present case, clinical findings observed were in accordance with Nandini *et al.* 2017 [4]. Owners' awareness, proper history along with abdominal radiography helped in early detection of foreign body and its surgical management as observed in the present case. Post operatively the cat was maintained with parenteral nutrition so as to enhance intestinal healing by reducing risk of leakage and dehiscence at enterotomy site.



Fig 1: Lateral abdominal radiograph revealing radio-opaque sewing needle



Fig 2: Identification of sewing needle in proximal colon



Fig 3: Retrieval of foreign body through enterotomy

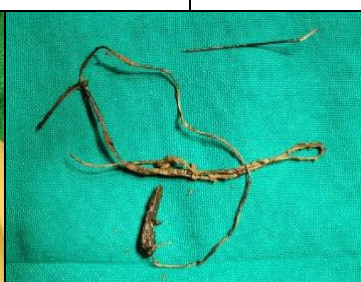


Fig 4: Closure of enterotomy incision

Conclusion

The present case of intestinal linear foreign body was successfully treated after early detection using abdominal radiography and carrying out exploratory laparotomy followed by enterotomy.

Conflict of Interest: Not available

Financial Support: Not available

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