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Perianal evisceration of rectum with multiple 4th degree rectal tear due to dog bite in a HF Cross Female calf

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Abstract

Surgical management of fourth degree rectal tear and perineal evisceration of rectum secondary to dog bite in H.F cross calf.

Key words: Calf, Evisceration, Rectum, Rectal tears

A 6 months old HF cross female calf was presented with a history of dog bite before 24 hours at perineal region leading to evisceration of rectum through ruptured pelvic diaphragm (Fig.1). The animal was standing with no apparent spinal cord injuries with a few abrasions on legs and face. The anal sphincter was intact however the tail was bitten off from base. The eviscerated rectum was dark red in colour, oedematous and cool to touch, with four full thickness rectal tears. The calf was moderately dehydrated with pale mucus membranes and subnormal Temperature (99.8^0F). However, respiration and heart rate were within normal range. Fluid therapy with Istonic normal saline solution and dextrose normal saline (1 litre each) was initiated at onset along with antirabies vaccine. The eviscerated rectum was thoroughly cleaned using isotonic normal saline solution. Caudal epidural nerve block was administered using 2 ml of Lidocaine 2% at the sacro-coccygeal region between 5th sacral vertebrae and 1st coccygeal vertebrae prior to surgical intervention. The rectal tears (4- 8 cm in length) were sutured with 2-0

Chromic catgut in single layer cushing suture pattern (Fig. 2) and rectum was repositioned inside the pelvic cavity. The pelvic diaphragm was suture with no 1 Chromic catgut. The calf was administered ceftriaxone (Xoneceff; Lupin pharma , Mumbai, India) 10 mg/kg bodyweight ,IV and meloxicam (Zobid-M; Sarabhai Zydus Animal Health Limited Ahmedabad, India), 0.25 mg/kg body weight, IV, q12h for 3 d. Daily antiseptic dressing of suture line was done using 5% povidone iodine. The Client was instructed to monitor the sutures and observe for straining during defecation. The calf passed feaces 8 hours after surgery and started feeding normally however on 5th post operative day it was listless and died possibly due to peritonitis.

Rectal tears leading to evisceration of intestinal loops have been reported by Tyler *et* al. (1998) and Saini and Mohindroo (2007) but perineal evisceration of rectum is fairly uncommon as it is short in length and closely protected by the pelvis owing to its normal anatomical location. Although perineal evisceration has been reported in dog with pre existing perineal hernia (Daniel et al., 2016) evisceration of rectum with intact anal sphincter is rare. The rectal tears were sutured using inversion suture pattern but delay in presentation of calf as well as presence of multiple 4th degree laceration might have lead to peritonitis (Honor, 2007) causing death few days after surgery. Poor prognosis of 4th degree rectal tears has been documented earlier too (Saini and Mohindroo, 2007)

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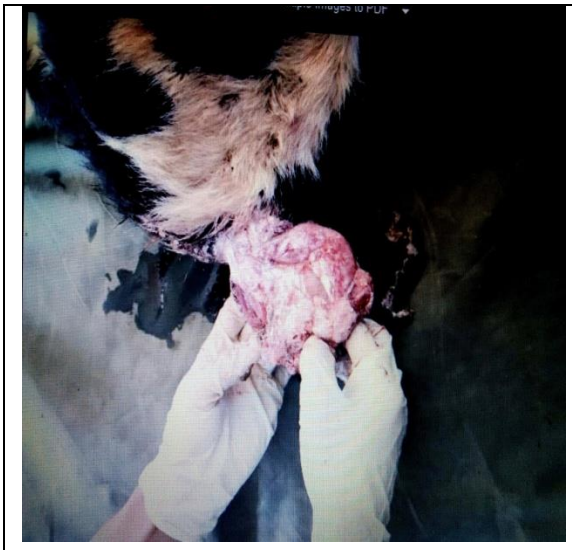

Fig.1: Perineal evisceration of rectum

Fig. 2: Fourth degree rectal tears sutured with Cushing suture pattern