

MAMMARY TUMOUR EXCISION IN CAT – A CASE REPORT

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Abstract: An adult queen cat was presented to the clinic with the history of dyspnoea and ulcerated mass involving the right caudal abdominal mammary gland, which was gradually increasing in size for 2 months. It was surgically excised under diazepam and ketamine anaesthesia. With good post operative care and management the cat recovered well.

Keywords: Cat, Mammary tumour, surgical excision.

INTRODUCTION

Occurrence wise feline mammary tumours are in third position after the cutaneous and lymphoid neoplasms (Viste et al., 2002) and are of highly metastatic in nature (Weijer et al., 1972). Cats that were ovariectomized before 6 months of age have a 91% reduction of risk of mammary carcinoma development compared with sexually intact cats and those ovariectomized between 6 and 12 months have an 86% reduction of risk (Fossum et al., 2013). Cats with small tumours less than 2 cm in diameter were reported to have a long survival rate of up to 54 months after surgery and for cats with larger tumours postoperative survival is reported to be less than 1 year and many of these cats die from metastatic diseases (Viste et al., 2002).

CASE HISTORY AND OBSERVATIONS

An 8 yr old queen cat weighing 4.2 kg was presented to the clinic with the history of dyspnoea and gradually growing ulcerated mass in the right ventral abdomen (Fig 1) since two months. The cat showed clinical symptoms like dyspnoea, lethargy, uneasiness and licking an ulcerated sessile mass in the right ventral mammary gland. On physical examination and palpation the mass was diagnosed as tumour of the right abdominal mammary gland. All the physiological parameters were in normal range. Survey radiograph showed no signs of metastasis and pneumonia.

TREATMENT AND DISCUSSION

Pet was fasted for 10 hours before surgery. It was anaesthetized by combination of inj. Diazepam @ 0.5mg/kg and Ketamine @ 20mg/kg I/M. The surgical site was prepared aseptically. An elliptical incision was made at base of the mass and excision was performed by dissecting subcutaneous tissue from the rectus fascia by smooth gliding of scissors around the tumour. Sub cutaneous bleeding controlled by haemostats and cranial epigastric artery is ligated by chromic catgut no. 1-0. After removal of the tumour (Fig 2) the fascia and subcutaneous tissue sutured using chromic catgut no. 1-0 in simple continuous pattern and skin closed in horizontal mattress pattern using polyamide black no. 1-0 and applied protective bandage. Post operatively administered with syrup cephalixin @ 80 mg/ kg P/O for seven days and regular dressing done on alternate days. Sutures removed on 11th post operative day and the cat recovered well and no recurrence was observed in next 6 months period.

Mammary tumours are the third most commonly occurring neoplasms in the cats and most of them are malignant. The cats with larger tumours had significantly shorter manifestations and survival time (MacEwen et al., 1984). Sizes of the tumours are directly related to the survival time and this is the single most important factor appreciable prognostic factor in malignant mammary tumour in cats (Weijer et al., 1972). Complications of tumour excision include pain, inflammation, hemorrhage, seroma formation, infection, ischemic necrosis, self-trauma, dehiscence, hind limb edema, and tumour recurrence (Fossum et al., 2013). In the advanced stages of the tumour malignancy, chemotherapy is not suited and surgical excision is the best method for removal (Ito et al., 1996). It was found that surgical excision is the best method for removal of malignant mammary tumours in cat but survival rate shortened post surgery.

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Fig 1: Photograph showing ulcerated mammary tumour



Fig 2: Photograph showing excised tumour mass.