

MANAGEMENT OF CONSTRICTING FOREIGN BODY OF TONGUE IN A DOG – A CASE REPORT

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Abstract: A four years old male dog presented to the hospital with symptoms of Glossoplegia and glossal edema was diagnosed to have a constricting foreign body at the base of tongue. Examination under the light plane of general anaesthesia had aided in diagnosis of the condition. All the physical parameters and haematological parameters appeared normal. Foreign body was removed with the help of scissors and managed the glossal edema by means of medical therapy. The dog showed uneventful recovery with no complications.

Keywords: Glossoplegia, Glossal edema, constricting foreign body.

Introduction

Tongue is an essential part of the mouth in dog as they use the tongue to eat, to lap water, to swallow and to cool them down. The chance of having foreign bodies is more in dogs due to their inquisitive nature (Gugjoo et al., 2012). Several reports are available mentioning the lodgment of foreign bodies in different parts of the gastrointestinal tract such as tongue (Kumar et al., 2018), pharynx (Macintire et al., 2005), esophagus (Ryan and Greene, 1975) and Stomach (Nath et al., 2015). No reports are available mentioning the constricting foreign bodies of the tongue in dogs. These foreign bodies of the tongue usually results in anorexia, edema of tongue, profuse salivation and vomiting. Complete oral examination, radiography aids in diagnosis in most of the cases. In the present case diagnosis and management of constricting foreign body of the tongue was discussed.

History and Diagnosis:

A four years old male dog was presented to the hospital with a complaint of swelling of the tongue for the past one day (Fig-1). Animal said to be anorectic with abolished swallowing reflex. Physical examination revealed glossal edema and Glossoplegia. A plain lateral radiograph of the buccal cavity was taken and the findings of the radiograph are not conclusive (Fig-2). Further investigation could not be made as the animal is non-cooperative.

Treatment and Discussion:

It was decided to explore the mouth under general anesthesia and premedicated with injection Atropine Sulphate at the dose rate of 0.04mg/Kg body weight subcutaneously. Anaesthesia was induced by intravenous injection of Ketamine Hcl at the dose rate of 5mg/Kg body weight and Diazepam at the dose rate of 5mg/Kg body weight. After careful exploration of mouth, a balloon was noticed surrounding and constricting the body of the tongue (Fig-3). Based upon these findings the condition was diagnosed as a constricting foreign body of tongue and decided for surgical removal. With the help of scissors the balloon has been cut and separated from the circumference of body tongue carefully (Fig-4). Multiple small stabs have been given to the edematous part of the tongue to allow the edematous fluid to escape from that portion so as to prevent pressure necrosis of tongue. Postoperatively, the animal was given Ceftriaxone sodium @ 25 mg per Kg body weight IM for 5 days, Meloxicam @0.2 mg per Kg body weight IM for 3 days, Furosemide at the dose rate of 2mg per Kg body weight for three days and Supportive therapy with multivitamin tonics orally for 15 days. The owner was advised to give liquid and semisolid diet for first three postoperative days and also advise to irrigate the oral cavity with normal saline immediately after feeding. The dog was able to move its tongue and swallow the food, partially by first operative day and completely by fourth operative day. The animal recovered uneventfully with no postoperative complications.

The present case was noticed in an adult dog, which deviates from the statement given by Rasmussen, (2003) that, the young animals are more for foreign body syndrome. No lacerated wounds are noticed in the oral cavity as the foreign body in present case is not a sharp object. Kumar et al., (2018) opined that, presence of sharp objects in the buccal cavity may cause lacerations to the tongue, gums and cheeks. Usually, foreign bodies could be diagnosed with the help of radiography but in the present case, the findings of lateral plain radiograph are not conclusive as the foreign body is a radiolucent material. Glossal edema and Glossoplegia noticed in the present case might have resulted from severe constriction of the base of the tongue with the foreign body for more than 24 hours. Fine stabbing over the edematous part of the tongue along with administration of furosemide parentally aided in resolving the glossal edema. Finally, a rare case of constricting foreign body of tongue in a dog has been diagnosed and managed successfully.

References

- [1] Gugjoo, M.B., Ahmad, R.A., Mathew, D.D., Kumar, V. and Ninu, A.R. (2012) Retrieval of pharyngeal foreign body through oral approach in three dogs. *Journal of Advanced Veterinary Research* Volume 2 (2012) 299-300.
- [2] Kumar PR, Prasad VD and Sreenu M (2018). Diagnosis and Management of Potential Foreign Body of Tongue in a Pomeranian Dog. *Indian Vet. J.*, June 2018, 95 (06): 66 - 68
- [3] Macintire, D.K., Drobotz, K.J., Haskins, S.C., (2005). *Manual of Small Animal Emergency and Critical Care Medicine*. 1st ed., Baltimore, Lippincott Williams & Wilkins. p. 123.
- [4] Nath, I., Singh, J., Behera, S.S., Lakshmilalita, S., Sahoo, M. and Das, M.R. (2015) Gastric foreign body in a dog and its surgical management *Indian Journal of Canine Practice* 7(1).
- [5] Rasmussen, L.M. (2003). Stomach, In: Slatter, D. *Text book of Small Animal Surgery*, 3rd ed., Publi., W.B. Saunders, Philadelphia, Pp.616.
- [6] Ryan, W.W. and Greene, R.W. (1975). The conservative management of esophageal foreign bodies and their complications: A review of 66 cases in dogs and cats. *Journal of American Animal hospital Association* 11, 243.



Fig-1: Photograph showing edematous tongue in a dog



Fig-2: Skiagram showing absence of radiopaque structures in buccal cavity



Fig-3: Photograph showing a constricting foreign body at the base of the tongue



Fig-4: Photograph showing removal of constricting foreign body under general anaesthesia