Case Report

A FOREIGN BODY IN THE COW AT FLOOR OF THE ORAL CAVITY AND ITS MANAGEMENT

Nirmala Kumari1*, B L Kaswan2 and Mahesh Pandla3

*Corresponding Author: Nirmala Kumari, drnirmala1987@gmail.com

A 3 year old female gir crossbred cow was presented Government Veterinary Hospital, Sihana, Chittorgarh, Rajasthan with the history of dysphagia, excessive salivation, ventral submandibular hard swelling from last two weeks. Physical examination of oral cavity with help of mouth gag revealed a visible approximately 3% portion (tip portion) of foreign body (needle) below the base of tongue. Foreign body pierced vertically downward to floor of mandible. Inflammatory swelling noticed at surrounding area of foreign body. With help of haemostatic artery forceps tip of foreign body was grasped and by gentle traction, the foreign body was removed. Cow was kept on antibiotic, analgesic and anti-inflammatory. In present case of recovery was uneventful and uncomplicated.

Keywords: Cow, Foreign body submandibular, Artery forceps

INTRODUCTION

Any foreign bodies in the oral cavity produce pain which prevent the animal from eating or drinking. The tongue of cattle is firm and plump, highly mobile and protrusive and has an important function in the prehension of feed (Radostitis, 2005). The tongue grasps forage and drags it into the mouth where the ventral incisors pressure against the dental pads cuts it (Ducharma, 2004). Due to insensible dental pad and indiscriminate eating habits prone to foreign body in the oral cavity. It is commonly longed in the oropharynx including the tongue base and tonsils (Verma et al., 2007).

CASE HISTORY

A 3 year old female gir crossbred cow was presented to Government Veterinary Hospital, Sihana, Chittorgarh, Rajasthan with the history of dysphagia, excessive salivation, pain and ventral submandibular hard swelling from last two weeks. Owner reported that animal was previously treated by three different veterinarians. According to history out of three, two veterinarians diagnosed as bottle
jaw condition and treated accordingly. One veterinarian diagnosed as tumor and without treating refers to hospital for surgery. After history conclude that proper oral examination was not performed by any veterinarian previously.

**CLINICAL OBSERVATION AND DIAGNOSIS**

Clinical examination reveals excessive salivation, pain and ventral submandibular hard swelling (Figure 1). Physical examination of oral cavity with help of mouth gag was performed. The rostral aspect of the mouth was inspected. Examination of the oral cavity revealed a visible approximately 3% portion (tip portion) of foreign body (look like stainless steel wire) below the base of tongue and discovered the neglected foreign body. Foreign body pierced vertically downward to mandible. Inflammatory swelling, ulceration and mild bleeding noticed at surrounding area of foreign body.

**TREATMENT**

The animal was restrained properly in travis. Then tongue was pulled out in one side. With help of haemostatic artery forceps (Figure 2) tip of foreign body was grasped and bygentle traction, the foreign body was removed. Recovered foreign body was long suturing needle (Figure 3) which is mostly used for suturing the gunny bags and bedding materials. 5 gm of Streptopenicillin was administered intramuscularly for two days. Pheniramine maleate 10 ml and Melonex at the dose rate 0.5 mg/kg body weight were administered intramuscularly three days respectively. Oral cavity was irrigated with light potassium permanganate solution for 7 days and animal was offered roughages with soft dry leaves with minimum straws. A submandibular abscess developed in 4th day which was drained by giving a criss-cross incision on the ventral aspect of mandible. The wound was dressed with 5% povidone iodine and fly repellent ointment. Wound was healed after 15 days.

---

**Figure 1: Clinical Examination Reveals Ventral Submandibular Hard Swelling**

**Figure 2: Photograph Showing Recovered Foreign Body Holding by Haemostatic Artery Forceps**


DISCUSSION

If cases reported with the history of ventral submandibular swelling, salivation, pain and dysphagia should differentiate from parasitic load, actinomycosis, neoplasm, abscess, cyst and foreign body. Any foreign bodies in the oral cavity produce pain which prevent the animal from eating or drinking. The mechanical cause of dysphagia might be foreign body, anatomical defects, periharyngeal masses such as neoplasia and abscess. The most important foreign body encountered in the tongue and oral cavity is fish hooks, needle, wire, rubber band and tooth pieces etc may become fixed and lead to protrusion of the organ, difficulty in swallowing, salivation and dysphagia (Boden and West, 1998). Development of sub-mandibular abscesses is complication in present study due to location of foreign body and can lead to osteomyelitis if not drained and treated in time. Similar technique with the same complication has also been described by Dudi and Gahlot (2003) in case of mandible fractures.

REFERENCES


