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### CLINICAL CASE STUDY

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# Surgical Management of Abscess in Camel: A Case Report

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### ABSTRACT

*The present case described abscess in a camel which was presented at the thigh region. Clinical signs showed large broad based mass with inflammatory signs involving pain, hot and soft in consistency. The case was corrected surgically under local anaesthesia. The cow recovered successfully within 8 days without any secondary complications.*

**Keywords:** - Abscess, Neck, Surgical Management, Camel and Inflammation.

### INTRODUCTION

An abscess is a circumscribed inflammatory lesion which consists of a purulent exudate 'the pus' surrounded by a 'limiting

membrane' the pyogenic membrane (Tyagi and Singh, 2012). According to O'Conner (2005) abscess may occur in any part of the body. They are caused by a breach of

surface of the skin or mucous membrane and the entrance through the breach by pyogenic organisms. Some time it may be confused with a cyst, haematoma, tumour, inflammation and hernia (Tyagi and Singh, 2012). Usually solitary abscess are common in cattle and buffaloes (Thorat *et al.*, 2008). The present case report describes a case of abscess in a camel and its surgical management.

### **CASE HISTORY AND CLINICAL EXAMINATION**

A seven year old camel was referred from the Instructional Livestock Farm Complex to the Teaching Veterinary Clinical Complex with a complaint of large growth at medial aspect of the thigh region since last fifteen days which restricts its movement. On palpation, the mass was hot and hard in consistency. Due to this enlarged mass the animal reluctantly move, with gradual reduction of feed and water consumption. All physiological parameters are normal. Hematological parameters shows increase number of neutrophils. Aspiration of fluid from the swollen mass by a sterilized needle revealed creamy discharge. The case was diagnosed as an abscess. The maturation of the abscess was done by the application of magnesium sulphate ointment which completed by third day. Exploratory puncture was again done on 3<sup>rd</sup> day with 16 gauge needle on the swollen mass which revealed thick, yellowish, creamy pus comes out through the punctured site. On the basis of history, clinical findings and exploratory puncture the case was diagnosed as a case of superficial skin abscess. Finally it was decided to perform surgery for complete evacuation of the pus to relieve the patient from this condition.

### **TREATMENT AND DISCUSSION**

The animal was secured in right lateral recumbency. The site was prepared by clipping, shaving of hairs and application of antiseptic solution. Desensitization of the operative site was achieved by local infiltration of the 2% lignocaine HCl (15 ml) at the broad base of the abscess. A cruciate skin incision was given over the swollen mass. The incision was deepened by blunt dissection with scissor to separate the cutaneous and muscular layers and to expose the cavity. All thick pus was evacuated from the cavity followed by cauterization of pyogenic membrane of the abscess cavity with 2% potassium permanganate was done. After complete cauterization the cavity was packed with povidone iodine impregnated gauze finally the wound were dressed with Neosporin powder and Soframycin ointment. Parenteral administrations of ceftriaxone with tazobactam (3.5 gm) intramuscularly for 6 days along with Meloxicam @ 2 mg/kg body weight intramuscularly for 4 days and Multivitamin 10 ml, intramuscularly for 4 days were prescribed. Daily dressing was performed to fasten the healing of the wound. The animal showed remarkable improvement after 3<sup>rd</sup> post operative day and animal completely recovered with normal appetite within 8 days.

An abscess is a circumscribed inflammatory lesion, which consist of purulent exudates caused due to infection, trauma by sharp object, migration of emboli in circulation etc. the bacteria enter in circulation causing septicemia and necrosis of tissue leading to migration to the area of least resistance to form the abscess (Venugopalan, 2000). Treatment of large abscess includes evacuation of pus form the abscess cavity along with antibacterial therapy (Thorat *et al.*, 2008). In the present study similar line

of treatment was followed. Domestic animals are also exposed to many of the foreign bodies like sharp stones, nails, wires etc. and similarly in this case the cow may be exposed to any foreign body. Similar findings were also described by Tiwari and Kashyap (2011) in foot abscess of elephant. It is therefore advised to begin treatment as soon as possible to reduce the further aggravation of acute case to chronic one.

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