

SURGICAL DRAINAGE OF A LARGE ABSCESS IN THE STERNAL AREA IN A BUFFALO: A CASE REPORT

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ABSTRACT

This communication reports a case of a large abscess in the sternal area in a she buffalo which was successfully treated without any complication.

Keywords: buffaloes, *Bubalus bubalis*, large abscess, sternal area

INTRODUCTION

An abscess is a circumscribed inflammatory lesion which consists of purulent exudates; the pus surrounded by a limiting membrane, the pyogenic membrane. The character of pus varies with the causative organism. An abscess may develop in any part of the body as a result of infection to the organ. A large cutaneous abscess may also be the result of sharp foreign bodies escaping from the reticulum through rib cage. The pyogenic membrane serves to prevent dissipation of infection (Tyagi *et al.*, 2002). Prevention of dissipation of infection is also due to the abscess causing small capillaries in the surrounding area to collapse.

CASE HISTORY AND CLINICAL EXAMINATION

An four-and-a-half-year old she buffalo was presented to the veterinary clinics and teaching hospital area with a history of a large abscess in the sternal area for the previous 2 months (Figure 1). On clinical examination it was observed that the growth was semi solid in consistency with slight pain on digital palpation. The other physiological parameters were normal except respiration: an increased rate of respiration was noticed. Feed intake was reduced. The owner of the animal reported that the growth had been growing gradually.

On needle aspiration using a spinal needle, thick inspissated pus was observed. On the basis of needle aspiration this growth was diagnosed as a chronic abscess and accordingly surgical drainage was planned (Omidi, 2008). Further, due to its location, the abscess was causing functional disturbances to the animal particularly during walking, respiration and taking food.

TREATMENT AND DISCUSSION

The animal was prepared aseptically for surgical drainage under xylazine sedation 0.8 ml intramuscular route. The animal was placed in lateral recumbency. Initially, drainage was

performed by putting a stab incision on the ventral aspect of the abscess cavity. Then by using tincture iodine the cavity was cleaned to remove the dead and necrosed tissues. Thereafter, anti-infective therapy and regular dressing was done for one week. However, no improvement was noticed. This may have been due to very large cavity leading to formation of dead space. Therefore, we planned for excision of the abscess cavity to reduce the dead space. Accordingly, the animal was prepared in routine way. The abscess cavity was opened using 6 cm long incision on the ventral aspect of the growth. The abscess was flushed with tap water under mild pressure to drain as much as contents/ flakes of pus as possible, and thereafter, it was flushed with 10-20 ml of povidone iodine (Ather *et al.*, 2010). The excessive fibrous tissue of the cavity was dissected out to reduce the dead space. The pyogenic membrane was also debrided out using the scalpel blade. The incision was closed in routine manner leaving 2-3 long area unsutured for draining of fluid. Povidone iodine soaked gauze was inserted through the opening (Venugopalan, 1999). Post-operatively the animal was given anti-

infective, anti inflammatory and multivitamins drugs for 5 days. Regular aseptic dressing was done. Post-operatively the animal recovered uneventfully except there was mild discharge from the cavity for 8-10 days that subsequently stopped.

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Figure 1. A large abscess in the sternal region of the animal.