

RECONSTRUCTION OF A LARGE TEAT FISTULA IN BUFFALOES

Vineet Kumar, Raja Aijaz Ahmad, Amarpal, Rekha Pathak and M. Hoque**ABSTRACT**

A total of six female Murrah buffaloes were presented with a history of teat injury. Physical examination revealed presence of milk draining tract on lateral wall of teat and diagnosed as teat fistula. The present communication reports the successful surgical reconstruction of large teat fistula in buffaloes.

Keywords: teat fistula, Murrah, buffaloes

INTRODUCTION

Teat and udder surgery is certainly one of the major areas of soft tissue surgery. Teats in milking buffaloes are often overused and prone to trauma and injury that reduces their ability to function efficiently. Physical damage to the teat can be due to direct trauma or calves suckling, or they may be a result of internal abnormalities. Management usually involves teat surgery, which can be challenging and time-consuming but is ultimately rewarding. There is significant scope for repair and this can help to maintain animals in long-term full milk production.

A teat fistula is an abnormal opening or a passage on the teat surface that communicates with the main teat cistern and gland complex

through which milk flows out in lactating animals (Schmit *et al.*, 1994; Tyagi and Singh, 2010). A teat fistula can be congenital but is usually the result of traumatic injury to the teat. It does not possess a separate teat canal or teat sphincter (Schmit *et al.*, 1994). The present communication reports the successful surgical reconstruction of large teat fistula in buffaloes.

HISTORY AND CLINICAL SIGNS

A total of six female Murrah buffaloes, between 5 and 12 years of age (mean age 8.17 years) were presented to Referral Veterinary Polyclinic, Indian Veterinary Research Institute, Izatnagar, Uttar Pradesh, India, during the 2009 to 2011 period, with history of teat injury. On physical examination of affected teat revealed the presence of a milk draining tract on the lateral wall (Figure 1) and was diagnosed as teat fistula.

TREATMENT AND DISCUSSION

Preoperatively, enrofloxacin (5 mg/kg intramuscularly) and meloxicam (0.2 mg/kg intramuscularly) was given. The operation was performed in lateral recumbency with the affected teat upwards. The surgical site was prepared for



Figure1. Photograph showing a large teat fistula in buffalo.



Figure 2. Photograph showing a repaired teat fistula in buffalo.

aseptic surgery. After aseptic preparation of the site, xylazine (0.1 mg/kg intramuscularly) was administered and 2% lignocaine hydrochloride was infiltrated in a ring pattern at the base of affected teat. After proper local analgesia, reconstruction of teat fistula was done by the standard procedure as suggested by Fubini and Ducharme (2004), and Amresh Kumar (2005). The mucosa was closed using a simple continuous pattern with 2-0 polyglactin 910. Closure of the stroma (connective tissue and muscles) was obtained with a continuous pattern with 2-0 polyglactin 910. Skin closure was completed with a horizontal mattress pattern using 2-0 silk. Postoperatively, sterile 5 French Gauze size infant feeding tube made up of polyvinyl chloride was inserted into the main teat cistern through the natural teat orifice and anchored (Figure 2). Post-operative treatment included intramammary infusion of antibiotic (Pendistrin-SH, once daily) through the infant feeding tube for 7 days, enrofloxacin (5 mg/kg intramuscularly, once daily) for 5 days, serratiopeptidase (120 mg orally, twice daily) for 5 days, and meloxicam (0.2 mg/kg intramuscularly) for 3 days. Daily dressing of the suture line was performed with 5% Povidone iodine until healing of the surgical wound. The skin sutures were removed on the 10th postoperative days. The recovery was uneventful and uncomplicated. Complete cure of teat fistula was observed.

REFERENCES

- Amresh, Kumar. 2005. *Veterinary Surgical Techniques*, 2nd ed. Vikas Publishing House Pvt. Ltd. New Delhi. pp 217-219.
- Fubini, S.L. and N.G. Ducharme. 2004. *Farm Animal Surgery*. Saunders, St. Louis, Missouri, USA., p. 414.
- Schmit, K.A., M. Arighi and H. Dobson. 1994. Postoperative evaluation of the surgical treatment of accessory teat and gland cistern complexes in dairy cows. *Can. Vet. J.*, **35**: 25-30.
- Tyagi, R.P.S. and J. Singh. 2010. *Ruminant Surgery*. CBS Publishers and Distributors Pvt. p. 171.