

## Surgical Removal of Ingested Sewing Needle in a Labrador dog

S.K. Tiwari<sup>1</sup>, M.O. Kalim<sup>2</sup> and Deepak Kumar Kashyap<sup>3</sup>

Department of Veterinary Surgery and Radiology  
College of Veterinary Sciences and Animal Husbandry  
Dau Shri Vasudev Chandrakar Kamdhenu Vishwavidyalaya  
Durg (Chhattisgarh)

### Abstract

A female dog was presented with complaint of accidental intake of sewing needle with swelling at neck region, inappetence, gagging, lethargy and restlessness for last two days. Lateral cervical radiograph of neck region confirmed the presence of needle. The needle from the esophagus was removed through esophagotomy under general anesthesia. Animal recovered uneventfully without any complication, after 15 days of post-operative care.

**Keywords:** Accidental; dog; ingestion; esophagotomy; needle

### Introduction

Esophageal obstructions by foreign bodies in dogs are more common clinical disorder because of their feeding habits, which can become life threatening (Sale and Williams, 2006). Esophageal obstruction by foreign bodies in dogs due to ingestion of bones are the most common, but needles, fish hooks, wooden sticks, toys, rawhide pieces, balls, plastic pieces, metals and other objects have also been reported (Thompson *et al.*, 2012). Radiograph is commonly used imaging technique for evaluation, associated with esophageal foreign bodies. Mostly the affected animals showed complication like esophagitis, esophageal tear, aspiration pneumonia and esophageal stricture formation (Tams, 2003). Present clinical case described the successful surgical management of accidental ingestion of sewing needle by Labrador dog.

### History and Clinical Signs

An eight months old female Labrador weighing about 19 kg was presented with history of accidental intake of around 3 cm. long sewing needle with other signs like swelling at neck region, in-appetance, gagging, lethargy and restlessness just 2 days back. On clinical examination foreign body was palpable from outside of the skin surface. On radiographic examination it was revealed that there was presence of sewing needle which was trapped in between the muscle of neck region, just below the jugular furrow

(Fig. 1). Based on history, clinical examination and radiographic examination the condition was diagnosed as esophageal puncture and decided to perform radical esophagotomy to relieve the patient from this ailments.

### Surgical Management

First the surgical and intravenous site was prepared aseptically. The animal was premedicated with combination of Atropine sulphate at 0.04 mg/kg b.wt. IM and Xylazine at 1 mg/kg b.wt. IM. The surgical intervention was carried out under Ketamine at 5 mg/kg b.wt. IV, used as a general anesthetic for induction and maintenance during surgery under umbrella of fluid therapy. The esophagus was approached through ventral cervical region after given incision on skin, muscle, esophageal mucosa (Fig. 2), then sewing needle was explored. Surprisingly, the sewing needle with long thread was removed with help of artery forceps (Fig. 3). The surgical wound cavity was irrigated with normal saline solution and then esophageal mucosa was sutured following simple continuous pattern with absorbable suture material catgut no 1. The muscle layer was sutured by continuous lock stitch pattern with absorbable suture material catgut no 1. Finally skin was sutured by series of simple interrupted suture pattern using silk suture no 1 (Fig 4).

### Post-Operative Care

To prevent the animal from infection and to reduce post-operative pain, Inj. Cefotaxime at 30 mg/kg b. wt. IM for 5 days and Inj. Meloxicam (Melonex<sup>a</sup>) at 0.2 mg/kg b.wt. given IM for 3 days. The surgical wound dressing was done daily with Povidone iodine solution and ointment with cover of bandages

1. Dean cum Head
  2. Assistant Professor
  3. Assistant Professor and Corresponding author.  
E-mail: deepakkashyap31@gmail.com
- a - Brand of Intas Animal Health, Ahmedabad

## Removal of ingested sewing needle



Fig. 1: Arrow showing lodgement of sewing needle at the oesophagus



Fig. 2: Surgical approach of oesophagus through skin incision



Fig. 3: Retrieved sewing needle from oesophagus



Fig. 4: Recovered animal after surgery with retrieved sewing needle

till complete healing. The animal owner was advised to restrict the dog under liquid diets for next 5 consecutive days and shift from semi solid to solid diet gradually. The skin sutures were removed on 10<sup>th</sup> post-operative day.

### Result and Discussion

Esophageal foreign body obstructions are relatively uncommon reported in literature. It has been reported that foreign bodies in dogs are most commonly observed due to ingestion of bone. But in this case, recovered foreign body that was removed from the esophagus was a needle which was located just below angle of the jaw. As the dog was only 8 months old and at this age animals often use to play in nature, leading to accidental ingestion of foreign body like in present communication. This present

case describes the successful surgical removal of accidental intake of sewing needle.

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