Surgical Management of Oesophageal Obstruction in a Goat

S.U. Raut[1] and V.D. Aher[2]
Department of Veterinary Surgery and Radiology
College of Veterinary and Animal Sciences
Maharashtra Animal and Fishery Sciences University (MAFSU)
Parbhani - 431401 (Maharashtra)

Abstract

A goat was presented with history of anorexia, regurgitation of feed and water, salivation, swelling on left side of oesophagus. Oesophagotomy was performed and foreign body was successfully removed.

Keywords: Choke; goat; oesophagotomy.

www.IndianJournals.com
Not for Commercial Use
Downloaded From IP - 216.73.216.217 on dated 01-Nov-2026

Introduction

Accordingly to several authors oesophageal obstruction *i.e.* choke is common in cattle and buffalo, but occassionally reported in goats (Sanker *et al*., 2010, Tejpal *et al*., 2016). This report focuses on oesophageal obstruction in goat due to foreign body in oesophagus.

History and Diagnosis

A four and half year old Non-descript female goat was presented with history of anorexia, regurgitation of feed and water, salivation, swelling on left side of oesophagus and tympany.

Based upon history and clinical symptoms, the case was diagnosed as oesophageal obstruction due to foreign body.

Treatment

The animal was secured on left lateral recumbancy. The surgical site was aseptically prepared (Fig.1). Local anaesthetic *i.e.* 2% Lignocaine hydrochloride was infiltrated over the swelling. Muscles were separated and oesophagus was exposed. Incision was made on the bulged oesophagus. The foreign body which was a leather piece was removed (Fig. 2 and 3). The oesophagus was washed with normal saline. The mucus membrane was sutured with chromic catgut 0/2 using simple interrupted suture pattern. Sub mucosa and muscles were sutured with chromic catgut using simple interrupted sutures. The skin was sutured by routine manner using nylon (Fig. 4). In post-operative regime, the goat was maintained on Dextrose Normal Saline (DNS) and Ringer's Lactate (RL) intravenously for five days, during this period the feeding was completely stopped. Inj. Streptopenicillin 500mg and inj. Meloxicam (Melonex[a]) @ 0.3 mg/kg b. wt. for five days was given intramuscularly. Skin sutures were removed on twelfth post-operative day. The recovery was uneventful.



Fig. 1: Swelling over oesophagus

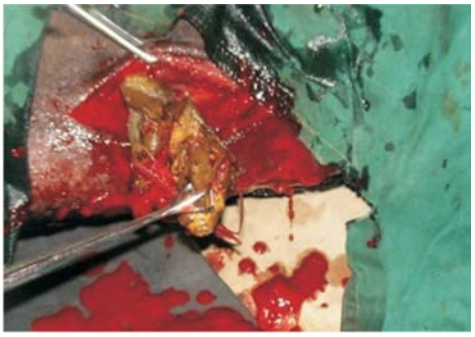


Fig. 2: Foreign body removed from oesophagus

1. Present address: Department of Veterinary Surgery and Radiology, Bombay Veterinary College, MAFSU, Parel, Mumbai, Maharashtra and Corresponding author. E-mail: drsuraut@gmail.com
2. Associate Professor and Head

a - Brand of Intas Animal Health, Ahmedabad

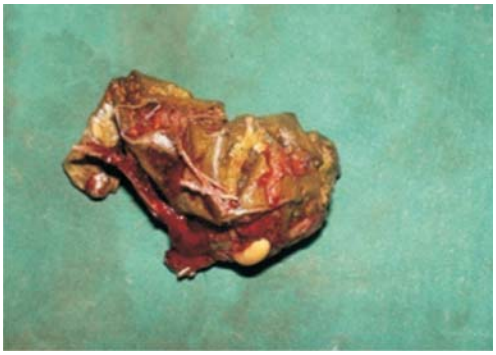


Fig. 3: Retrieved leather piece



Fig. 4: Animal post-operatively in standing position

www.IndianJournals.com
Not for Commercial Use
Downloaded From IP - 216.73.216.217 on dated 01-Nov-2026

Discussion

Intra-luminal oesophageal obstruction may occur due to vegetables, phytobezoars (Tyagi and Singh,1999), pieces of leather or rubber (Salunke *et al*., 2003), coconut (Madhava Rao *et al*., 2009), impaction of pelleted ration (Anderson *et al.,* 2010), palm kernels (Hari Krishna, 2011), mango (Vishwanatha *et al*., 2012), ingestion of cloth or rexin material in buffalo (Sivaprakash, 2003) and trichobezoars (Radostatis *et al.,* 1994). Oesophageal obstruction *i.e*. choke is rare in goats because they are selective feeders (Sanker *et al.,* 2010). Scarcity of fodder and drought conditions, forced animals to eat the foreign bodies. Diagnosis of oesophageal obstruction was done by palpation as per Gangwar *et al.* (2013).

References

Anderson, R., Bath, G.F.P., Thompson, N. and Stadler, M.M. **(2010)**. Oesophageal obstruction in Dorper ewes causedby impaction of a pelleted ration. *J. South African Vet. Asso.* **81**: 1-5.

Gangwar, A.K., Devi, K.S., Singh, A.K., Yadav, N., Katiyar, N., Kale, S.S., Patel, G. and Singh, H.**(2013)**. Surgical management of choke by a tricho-phytobezoar in a crossbred cow. *J. Vet. Adv.* **3**: 135-38.

Hari Krishna, N.V.V., Sreenu, M. and Bose, V.S.C. **(2011)**. An unusual case ofoesophageal obstruction in a female buffalo. *Buffalo Bulletin*. **30**: 4-5.

sMadhava Rao, T., Bharti, S. and Raghavender, K.B.P. **(2009)**. Oesophageal obstruction in a buffalo - A case report. *Intas Polivet* **10**: 1-3.

Prakash,S., Jeyakumar, K., Kumaresan, A., Selvaraju, M., Ravikumar, K. and Sivaraman, S. **(2014)**. Management of cervical choke due to beetroot – A Review of two cases. *Shanlax Inter. J. Vet. Sci.* **1**: 37-38.

Radostits, O.M., Blood, D.C. and Gay, C.C. **(1994)**. *Veterinary Medicine*, 8th Edition, London: Bailliere Tindall. P. 193.

Salunke, V.M., Ali, M.S., Bhokre, A.P. and Panchbhai, V.S. **(2003)**. Oesophagotomy instanding position: An easy approach to successful treatment of oesophageal obstruction in buffalo - A Report of 18 cases. *Intas Polivet* **4**: 366-67.

Sankar, P., Suresh Kumar, R.V., Dhana Lakshmi, N., Veena, P. **(2010)**. Surgical management of cervical esophageal obstruction in a goat (*Capra hircus*) - A Case Report. *Indian J. Anim. Res.* **44**: 153-54.

Tejpal, Diler Singh, Karan Goyal, Deepshikha Singh and Praveen Bishnoi **(2016).** Oesophageal obstruction (choke) in goat (*Capra hircus*) and its surgical Management. *Int. J. of Sci. Environ.Tech.* **5:** 1075-78.

Tyagi, R.P.S. and Jit, S. **(1999)**. *Ruminant Surgery*, 1st Edition. CBS Publishers and Distributors, New Delhi, India. p. 192.

Vishwanatha, B., Ranganath, L., Mahesh, V. and Ramesh Rathod. **(2012)**. Choke in a Cow - A Case Report. *Vet. World* **5**: 40-41.