OESOPHAGEAL OBSTRUCTION IN A CAMEL
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ABSTRACT

Oesophageal obstruction in camel is a rare condition, hence the case is placed on record.

Oesophageal obstruction by foreign body or feed particles is a well known disease condition in cattle and horses but this condition is rare in camels. The causative agents like dry feed, rags, wool balls, polythene bags and rubber balls have been reported in camels (Ramaden and Abdin-Bey, 1990).

Following bilateral mandibular fracture and its repair the camel belonging to BSF, Dantiwada, was being maintained on concentrate (as a drench) and green leafy feed for a month. Afterwards when animals started taking feed on its own the animal was shifted to dry fodder. On 33rd post-operative day, the animal was again presented to college clinics with the history of regurgitation of concentrate feed after drenching and repeated stretching of neck.

On clinical examination rectal temperature was 105°F, respiration was difficult, fast and shallow and mucous membrane was cyanotic in appearance. Animal was found restless with profuse salivation and repeated attempts of swallowing were also noticed. The abdomen was found distended and tense and faeces was loose in consistency. Auscultation of thoracic region revealed moist rales. The lubricated probang was passed in to the oesophagus to dislodge the obstructing material but it was fruitless and probang could not be passed beyond the level of fifth cervical vertebrae. Depending upon the history and clinical examination the case was diagnosed as oesophageal obstruction along with the complication of aspiratory pneumonia.

It was decided to perform oesophagotomy to clear the obstruction after giving medicinal treatment which comprised of injection Oxytetracyline 60 ml injection Dexamethasone 10 ml and injection Analgin 20 ml, intramuscularly. Unfortunately the animal died soon after the treatment and oesophagotomy could not be performed. On post-mortem examination the oesophagus was found jammed pack with dry fodder from the level of fifth cervical vertebrate to the anterior aspect of aortic arch. Food materials and foul smelling exudates were noticed in the trachea and bronchioles along with the black spots in the lung tissue suggesting aspiratory pneumonia. The other visceral organs were almost normal in appearance.

The caudal oesophageal obstruction was reported in animals due to narrowing of oesophagus than in cranial part and also due to the pressure of first pair of ribs and trachea at thoracic inlet (O’ Conner, 1980). This might be one of the causes of obstruction in this case. Secondly, the oesophageal obstruction might have occurred due to the craving appetite of animal (Tyagi and Singh, 1993) as camel was suddenly shifted to dry fodder.

REFERENCES