

COMPLETE RECTAL PROLAPSE IN A PUPPY – A CASE REPORT

P.S. Jattennavar and G.P. Kalmath¹

Veterinary Hospital, Gadag – 528 101, Karnataka, India

ABSTRACT

A case of complete rectal in a male Doberman pup and this successful surgical management is presented and discussed.

Key words : Rectal prolapse, Constipation, Tenesmus, Diarrhoea, Puppy.

The contributing factors like hereditary factors, loss of tone of anal sphincter, loosening of the rectal mucous membrane, loosening of the attachment of rectum to perirectal tissue and age predispose the animals, diseases causing straining in the puppy, such as constipation, parasites, or diarrhoea, are the common causes of rectal prolapse (Venugopalan, 1999). Rectal prolapse is more common in male dogs than females (Jain et. al., 2004). The present paper documents a case of complete rectal prolapse due to severe constipation in a male puppy.

Case History and Clinical Examination

A two and half month old male Doberman pup was brought to the veterinary hospital, Gadag, with the history of severe straining and tenesmus without defecation for the past 24 hours and a hanging prolapsed rectal mass at the perineal region. The prolapsed rectal mass protruding from the rectal orifice was about 6 inches long. The puppy has normal temperature but elevated heart rate and respiration rate.

Surgical Correction and Discussion

Before the correction of prolapse, animal was restrained in lateral recumbency and was injected with 2% lignocaine hydrochloride (2 ml) for caudal epidural

anesthesia. The prolapsed mass was washed with a mild antiseptic solution (2% Potassium permanganate), hypertonic saline was poured on the mass to reduce the edema and topical local anesthesia with 2% lignocaine hydrochloride was achieved to reduce the pain. The mass was then lubricated with liquid paraffin and pushed in through anus by careful pressure and massage and replaced in its normal position. To prevent the recurrence, “purse string” sutures with silk were applied around the anal sphincter. Postoperative treatment consisted of daily application of betadine on the sutures, intramuscular injection of Gentamicin @ 2mg/kg body weight twice daily for 4 days and oral calcium and multivitamin tonics. Feed was completely withheld for about 24 hours to prevent over distension of abdomen the animal was fed with moderate feeding and a laxative diet for 4-5 days. The sutures were removed after 10 days. The animal showed uneventful recovery.

Rectal prolapse typically occurs in puppies and kittens under 6 months of age (Giselle, et. al., 1998). The fiber deficient diets decrease the intestinal motility and prolonging the alimentary transit time causing constipation due to excessive fluid absorption (Blood and

1. Present Address, Department of Veterinary Physiology, Veterinary College, Hebbal, Bangalore-24, Karnataka, India.



Fig. 1. Showing the complete rectal prolapse in the Doberman pup

Rodostits, 1989). In this case, young age might be the predisposing cause and constipation would be the exciting cause, which highlights the importance of the fibrous food to maintain the normal intestinal motility and easy passage of stool.

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