

Congenital Umbilical defect in kid with intestinal evisceration

B.M.Gahlod, B.M.Raut, D.S.Raghuwanshi, M.S.Dhakate, S.V. Upadhye,
Ankur Sharma and P.R.Wankhade

Department of Veterinary Surgery
Nagpur veterinary college, Nagpur

Congenital ventral umbilical defects are very common in kids. A defect resulting from faulty closure of abdominal wall along its ventral midline called eventration of abdominal viscera (Willis, 1962). Umbilical hernia occurred more often in the females than the males.

Case History

A young female kid about two to three hours old presented to the "Teaching Veterinary Clinical Service Complex, Nagpur", with the complaint of protrusion of intestinal loop through umbilical defect. On clinical examination, kid was restless, anorectic, distension of abdomen; straining and intestinal loop appeared protruding through defect. It was resorted to repair the umbilical defect by surgical intervention.

Treatment

The protruding mass was cleaned gently with normal saline solution. The area around the abdominal defect at the umbilicus was prepared for aseptic surgery and painted the operative area with Tr. Iodine. Inj. Siquill @ 0.5mg/kg Bw and Inj. betnesol @ 2Mg/kg Bw. was given intramuscular.

The animal was controlled in dorsal recumbency and the area around the defect was infiltrated with 3-5ml solution of 2% lignocaine HCL. The cranial & caudal end of umbilical opening was incised for a length of 1cm on either side. The protruding mass was carefully pushed into abdominal cavity. The abdominal wound and the umbilical defect was closed in routine manner by using chromic catgut No.1. Skin wound was closed by vertical mattress sutures using monofilament nylon. The skin wound was sealed with Tr. Benzoin.

During surgery, Dextrosesaline-200ml intravenous was administered and postoperatively cefotaxim was administered @10mg/kg BW intramuscularly for 5days. The kid was presented to the hospital on the 10th postoperative day for removal of suture. The animal recovered uneventfully.

Discussion

Umbilical hernia occurred more often in the females than the males. The incidence of umbilical hernia in the goat was 28.57%. Gender only had an effect the incidence of hernia and reported by Alsobayil and Ahmed (2007).

Protrusion of abdominal viscera through a congenital defect in umbilical opening may primary hereditary in origin due to dominant gene with low penetration, autosomal recessive gene as reported by Tyagi and Singh(1995).

Faulty closure of the abdominal opening in the prenatal life results in the protrusion of parts of the abdominal viscera with its serous sac (Saradamma, 2000). Such condition can be corrected successfully, provided it should be done immediately to avoid contamination and injury to abdominal viscera.

References

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