SURGICAL MANAGEMENT OF BRISKET ABSCESS IN A GRADED MURRAH BUFFALO CALF

A. Methai*, S. Balasubramanian and V. Vijayanand

Veterinary University Peripheral Hospital, Tamil Nadu Veterinary and Animal Sciences University, Madhavaram Milk Colony, Chennai, Tamil Nadu - 600 051

*Corresponding author: drmethai@gmail.com

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ABSTRACT

A rare occurrence of brisket abscess in a graded murrah buffalo female calf and its successful surgical management is discussed in this article.

Keywords: Abscess, brisket, Murrah, buffalo calf

INTRODUCTION

An abscess is a closed inflamed cavity containing pus lined by a pyogenic membrane. Even though the abscess may be located in any area of the body, the most common abscess sites are the extremities, mammary gland, perineal area or from the hair follicle (Tyagi and Singh, 2001). Abscess commonly develops due to foreign body penetration and the causative organism commonly present in the purulent exudate contains one or combination of *Streptococcus, Staphylococcus, Actinomyces bovis, Pseudomonas, E. coli*, and also other anaerobic and gram negative organisms (Athar, 1999).

CASE HISTORY AND OBSERVATION

A graded Murrah buffalo female calf ageing six month and weighing around 70 kg was presented to Veterinary University Peripheral Hospital, Tamil Nadu Veterinary

and Sciences Animal University, Madhavaram Milk Colony. Chennai for treatment with the history of swelling in the lower portion of neck for two months. Clinical examination revealed a football sized, slightly firm mass in the brisket region (Fig. 1). Clinical history indicated that a swelling was found to be growing from a cricket ball size to football size in two months period with the circumference of 25 cm. The clinical parameters (temperature, pulse and respiration) were within the normal range. Exploratory puncture revealed thick foul smelling purulent material and it was collected aseptically and subjected to culture and sensitivity.

TREATMENT AND DISCUSSIONS

The calf was casted and restrained in lateral recumbency on animal examination table and a five centimeter incision was made using a Bard-Parker blade (size 10) through skin at the point of maturation. Inspissated foul smelling pus of around 1.5 liters was evacuated thoroughly. The abscess pocket was lavaged thrice with normal saline and then packed with tincture iodine gauze. Microbiological examination of pus material collected aseptically was identified to have *E. coli* and was sensitive

to commonly used antibiotics namely Ciprofloxacin and Enrofloxacin, irritant iodine solution in gauze packed in the cavity caused necrosis of the secretary limiting membrane of abscess prevented accumulation of exudates in the cavity (Venugopalan, 2000). Post operative measures taken included inj. Enrofloxacin 5 mg/Kgb. wt. for 5 days and inj. meloxicam 0.5mg/ kg b. wt. intramuscularly for 2 days. Subsequently, the abscess cavity was locally treated with povidone iodine gauze for two days. The mass reduced to lemon size with irregularly raised area within a week and recovered apparently to normal state within a month (Fig. 2).

SUMMARY

An attempt was made to record an unusual occurrence of brisket abscess in a graded buffalo calf and its surgical management.

Fig. 1. Brisket abscess in a buffalo calf before treatment



Fig. 2. Recovery from brisket abscess after treatment



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