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Inguinal Abscess Following Castration. A 5-year-old Palomino gelding was presented at the Stange Memorial Clinic on Sept. 18, 1952. The history was of castration early in June. The horse had been cast for the operation but succeeded in regaining its feet numerous times during the operation. During the process of casting, several rope burns of the hind limbs were produced. The surgical incision had healed without any complications, but later in the summer he began to develop a stiffness of the pelvic limbs. In conjunction with the stiffness, the right inguinal region became swollen. Antibiotics were used as treatment, but with unsuccessful results.

Examination on arrival at the clinic revealed a large edematous swelling in the inguinal region that extended into the prepuce. On Sept. 19, the patient was given 60 Gm. of chloral hydrate via the stomach tube and cast in dorsal recumbency.

A liberal incision was made in the region of the castration scar on the right side. The inguinal canal was manually explored revealing a large abscess high in the canal. The abscess was opened and a copious quantity of pus exuded from the wound. As much pus as possible was taken out of the canal and 2 percent tincture of iodine was inserted into the wound. Penicillin in oil was given intramuscularly at a dosage level of 3,000,000 units.

On Sept. 20, the prepuce was still considerably swollen and the penicillin therapy was repeated. On Sept. 21, the wound was open and draining. It was irrigated with a 1-3000 potassium permanganate solution, and penicillin was repeated. On Sept. 22, the wound was covered with encrustations, so was opened manually and irrigated. Penicillin therapy was repeated. On Sept. 24, an edematous swelling of the prepuce and underline was developing so the patient was exercised outside for a short time. Other previous treatment was continued. On Sept. 26, edema of the underline and prepuce persisted and the fetlocks of the

hind limbs were swollen. Penicillin was discontinued at this point, but the other therapy was repeated. Potassium permanganate irrigation and exercise was continued through Oct. 2, with the edema gradually decreasing.

Because of the anatomical arrangement, the inguinal region being in close contact with the thigh, drainage of the area was poor. On Oct. 3, he was given 40 Gm. of chloral hydrate via the stomach tube and cast in dorsal recumbency. The skin incision was enlarged and extended anteriorly to provide more adequate drainage of the area. The inguinal canal was explored but no developing abscesses were found, with no evidence of the previous abscess. Previous postoperative treatment was continued for a few days and he was discharged on Oct. 8. At this time he showed little edematous swelling and no lameness.

The interesting facts of this case are the prolonged period of abscess development and its location, high in the inguinal canal.

Chan Cotton '53

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Pyometra in a Jersey Cow. On May 7, 1952, a Jersey cow, 3 years old, was admitted to Stange Memorial Clinic with a history of having given birth to twins in October, 1950, one of which was alive at birth. At that time the cow suffered from retained placenta. The local practitioner had treated her for the retained placenta. She had not shown heat since birth of the twins. Estrogens were used in an attempt to induce heat, but they were ineffective.

Pus was observed coming from the vulvar lips. On rectal examination the vagina was found to be small and cord-like; the cervix lay over the brim of the pelvis but otherwise was normal; the uterus was thick and doughy with the left horn larger than the right horn; the right ovary was small and functionless; the left ovary had a retained corpus luteum and the uterine vessels could not be palpated because of excess fat. The corpus luteum in the left ovary could not

be expressed manually through the rectum so a laparotomy was decided upon.

On May 12, 1952, the left paralumbar fossa was prepared for surgery. The skin was infiltrated with 4 percent procaine. A vertical skin incision approximately 10 inches long was made in the center of the paralumbar fossa. The abdominal muscles were separated parallel to the direction of their fibers. The peritoneum was incised and the left ovary was located and removed with a spaying emasculator. Only the skin incision was closed, using a Stewart stitch and linen tape suture material. Sulfathiazole ointment was applied to the incision and the patient was returned to her stall. The excised ovary was cut longitudinally and two distinct corpora lutea were present.

Following the unilateral oophorectomy, a considerable amount of pus was discharged for the next two days and estrum was observed on the fifth postoperative day. The abdominal incision was healing nicely and the patient appeared normal.

On May 19, 1952, the patient was examined per rectum and the uterus was found to be involuting. A corpus luteum was developing on the right ovary, indicating that ovulation had occurred.

The animal was discharged on May 20, 1952, and the owner was advised not to breed the cow for six months in order to allow complete recovery to occur. Two months later, the owner reported he had sold the cow through a sales barn for a very good price. The new owner was not known so a complete follow-up report on this patient is impossible.

Roger Hagedorn '53

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Microfilariae in the Skin of the Horse. On Aug. 12, 1952, a Hackney pony stallion was admitted to the Stange Memorial Clinic for a skin examination. At the posterior part of the neck, adjacent to the shoulder, was a raised, hairless area about 3 by 5 inches which contained several secondary nodules about the size of a marble. The skin of the area seemed to be abnormally thick-

ened and it was more deeply pigmented than the unaffected skin. Just posterior to the olecranon at approximately the eleventh rib, on both sides of the animal, were solitary, raised, hairless areas about one inch in diameter. These appeared to be of the same nature as the larger area on the neck. No signs of pruritis were observed.

A malignant melanoma was suspected because of the color of the nodules. A biopsy of the nodules was negative for melanin, but microfilariae were seen in the microscopic tissue sections. This is a rare condition in the United States.

After the three involved areas were anesthetized with 2 percent procaine, they were excised. The areas were allowed to heal as open wounds and the patient was discharged Sept. 23.

It was not considered feasible to attempt identification of this parasite as there is very little literature containing specific information concerning the skin infecting microfilariae of horses. This condition appeared to be entirely different from habronemiasis (summer sores) of horses.

Possible identifications of this condition are:

1. Atypical infection by the larvae of *Habronema majus*, *Habronema muscae*, *Draschia megastoma*. All three of these commonly produce lesions known as "summer sores".
2. G. Dikman¹ has identified the microfilariae of *Onchocera reticulata* in lesions somewhat similar to the ones seen in this case. (Adults of this parasite are found in the ligamentum nuchae.)
3. A similar condition has been described in the Philippine Islands, but the microfilariae have not been identified.

1. G. Dikman—of the Zoological Division, BAI, Beltsville, Md. *The Cornell Veterinarian*, January, 1918, Vol. XXXVIII, No. 1.

Robert E. Gamble '53

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Canine Filariasis and Ancylostomiasis. A very interesting case was admitted to Stange Memorial Clinic on April 9, 1952. It was a crossbred,