Perforation of colon with invagination and eventration of small intestine in an ewe

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An adulte we of Awasi breed was presented to the clinics with a penetrating wound in the ventral abdominal region and eventration of cylindrical mass following trauma by a sharp wooden object. On the day of accident, only intestinal contents were seen leaking from the wound. However, 4 days after injury on the day of admission, a cylindrical mass prolapsing from the wound was noticed.

The clinical examination revealed a wound of about 5 cm in diameter caudal to the umblicus and on right side of midventral line. The prolapsed part of abdominal viscera was oedematous invagi nated loop of small intestine (fig 1). The animal maintained near normal physical condition except for a moderate depression and anorexia. Rumination was suspended and only small amount of faeces were passed and the wound was grossly contaminated.

The ewe was sedated by intramuscular injection of 5 mg of acepromazine



Fig. 1. Perforation of colon with invagination and eventration of small intestine in an ewe.

maleate intramuscularly. The animal was secured in left lateral recumbency and the area around the wound was infiltrated with 2% lignocaine hydrochloride. The wound was extended cranially and caudally. Skin and underlying tissues were seperated by blunt dissection and adhesions were broken down. After this invaginated segment of intestine was washed several times with warm sterile saline solution and invagination was corrected manually and the intestine was returned back into the abdominal cavity. Thereafter a

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search was made to locate the site of leakage of intestinal contents. Exploration revealed perforation of colon. About 15 cm of necrosed and inflammed colon was resected including some healthy tissue at each end after placing intestinal clamps proximal and distal to cut ends. The fresh ends of colon was anastomosed by Connell technique using surgical gut No. 3/0. The area was washed with warm saline solution and the abdominal wound was closed in layers using chromic cat-gut after instillation of 15 ml of oxytetracycline in the abdominal cavity. The skin was closed with interrupted mattress sutures of silk (Fig. 2).



Fig. 2. Ewe after Surgery.

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Kumar, A., Tanwar, R. K., Sharma, K. B., Saxena, A. K., Joshi, and Pradhan, P. K. (1982). Intestinal fistula in a cow. Mod. Vet. Pract. 63: 833-834. The animal was given 7 ml of 10% oxteracycline intramuscularly for 5 days. Skin sutures were swabbed daily with alcohol. The ewe was given liquid diet for 5 days. Thereafter small quantities of roughage were offered and increased gradually until a normal diet was resumed. Sutures were removed after 8 days.

Perforation of large intestine is a rare condition in sheep and in present case resulted from accidental trauma. The initial injury appears to have been an abdominal wound with perforation of colon causing local peritonitis. However at later stage invagination and eventration of small intestine followed. Develoment of local adhesions of colon with peritoneum and muscles, and drainage of the intestinal contents outside the abdominal wound prevented generalized peritonitis. Cases of intestinal fistulas with epitheliogensis imperfecta with eventration have been reported in cattle and horse (Oehme and Prier 1974; Bose et al. 1982; Kumar et al. 1982; Nigam et al. 1984). A 20 cm damaged portion of colon was successfully removed in this case without any complications.

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