Poster presentations

Gastroesophageal intussusception secondary to induction of emesis, with subsequent development of septic pericardial and pleural effusions, in a 7-month-old Boxer

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OBJECTIVES

To report a single clinical case of gastroesophageal intussusception secondary to induction of emesis, with subsequent development of septic pericardial and pleural effusions, in a 7-month-old entire male Boxer.

METHODS

A 7-month old male entire Boxer was referred approximately 24 hours after the induction of emesis with

apomorphine following the witnessed ingestion of a child's toy, with a presumptive diagnosis of gastroesophageal intussusception.

Radiography and ultrasonography of the thorax and abdomen and endoscopy of the esophagus confirmed a gastroesophageal intussusception with involvement of the spleen, stomach, proximal duodenum and pancreas. Following a ventral midline coeliotomy, and diaphragmotomy, the intussusception was manually reduced. A left sided tube gastropexy was performed and a low-profile thoracic drain placed.

RESULTS

Despite initial satisfactory recovery the dog was re-presented seven days post-operatively in cardiac tamponade. Pericardial and pleural effusions were drained and cytological analysis revealed a septic exudate and cultured a multi-resistant *E.coli*. A pericardial drain was placed and appropriate antibiotics commenced. Due to repeated re-accumulation of pericardial effusion for a further week, pericardiectomy surgery was advised.

Following a left sided fifth intercostal thoracotomy, the pericardium was found to be markedly thickened and adhered to the epicardium, the thoracic wall and diaphragm. Subtotal pericardiectomy was performed.

In recovery, the patient unfortunately developed refractory hypotension. He died shortly after the surgery.

STATEMENT (CONCLUSIONS)

To the authors' knowledge, this is the first case report of gastroesophageal intussusception in a dog secondary to induction of emesis, with subsequent development of a septic pericardial effusion.

Simultaneous use of a lateral caudal and caudal superficial epigastric axial pattern flap for wound closure in a dog

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OBJECTIVES

To report the successful simultaneous use of a lateral caudal and caudal superficial epigastric axial pattern flap (APF) to manage a large caudo-dorsal, lateral thigh and perineal wound in a dog.

METHODS

A three year old, neutered female, German Shepherd dog was presented due to lethargy and reluctance to move following a dog bite. A large area of necrotic skin was present centred over the caudo-dorsal lumbar area extending laterally to the left and right thigh and to the level of the vulva on the right side. A healthy granulation bed formed after staged debridement and open wound management.

Fifteen days after presentation, a right caudal superficial epigastric APF was elevated and the donor site closed primarily. The flap was rotated 180 degrees through a bridging incision and secured to the wound bed on the perineum and right thigh. A high caudectomy was performed by disarticulation and a lateral caudal APF created. This was used to close the remaining wound over the caudo-dorsal area and left lateral thigh.

RESULTS

No short or long term post-operative complications were encountered and flap survival was 100%.

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STATEMENT (CONCLUSIONS)

This is the first reported case where a caudal superficial epigastric APF has been used in conjunction with a lateral caudal APF to successfully repair a large wound in a dog.

The simultaneous use of these two APFs provides a further surgical treatment option to manage large wounds in challenging locations.