

# **Surgical Management of Tumor at Chest Pad in Camel (*Camelus dromedaries*)\***

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## **ABSTRACT**

An 8 years old male camel with large, firm, mass occupying the antero-ventral aspect of the chest-pad was referred to Surgery clinic. Growth enlargement developed gradually since 5 month. The tumor was surgically removed by blunt dissection. Wounds were covered with sterile gauze followed by multi tail bandage. Postoperatively, administered oxytetracycline injection 1500 mg, I.V. for 7 days and phenylbutazone injection 3000 mg, I.M. for 3 days. The postoperative course was uneventful

*Keywords:* camel, chest pad, tumor, multi tail bandage

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Peculiarities of anatomy of camels, such as the wither, hump, sternal pedestal, limb collasities and foot and their injuries. Specific region of camels' body may present certain problem for instant the sternal pedestal or pad (Higgins, 1986). Chest pad injuries results when camel rested on stony ground; they may become bruised or punctured leading to considerable discomfort. If infected abscess may form and if not treated early may lead to sinus, discharging pus or suppurative granulomatous growths or fibrosis at site (Gahlot, 2000). Treatment of an injured pedestal pad presents a serious challenge. Position and function lead to continuous soiling and irritation of wound.

To prevent this, doughnut shaped bandage can be applied. Hereby the pedestal pad no longer comes in contact with the soil when the animal

lies down. Abscessation of the pedestal pad is a common sequel of deep pedestal pad lesions and has to be treated vigorously. In neglected cases excessive formation of fibrous tissue can result in an enormously enlarged pedestal pad, such cases require surgical amputation (Schwartz and Modi, 1992).

### Case History and Observation

Chest pad tumor was observed in an 8 year old male camel. The enlargement was in anteroventral direction (**Fig. 1**). Camels had difficulty in sitting in sternal recumbency. History revealed that this growth enlargement developed gradually since 5 month. The growth was hard, non fluctuating with no pain. Exploratory puncture confirm the diagnosis.



**Fig. 1: Fibrous enlargement of chest pad in anteroventral direction in a camel.**

### SURGICAL MANAGEMENT

Feed and water withheld for 24 hour prior to surgery. All the cases were treated under xylazine sedation in lateral recumbency. The chest pad was washed thoroughly with soap and water and scrubbed. The enlarged chest pad was resected using a scalpel (**Fig. 2**) and the enlarged portion of

chest pad was surgically dissected. Haemostasis was achieved by red hot firing rod. A thick cotton swab soaked with 5% povidone iodine solution was placed over wound. A thick cotton cloth as protective covering was put around the operated chest pad. Postoperatively, the wounds were irrigated with light potassium permanganate solution on alternate days and lorexane (Virbac Animal Health India Pvt. Ltd.) ointment was applied topically. Wounds were covered with sterile gauge followed by multi tail bandage. Postoperatively, oxytetracycline (Terramycin : Pfizer Pharmaceutical Ltd.) 1500 mg injection I.V. for 7 days and phenylbutazone (Artizone-S: Pfizer Pharmaceutical Ltd) injection 3000 mg, I.M. for 3 days was administered.



**Fig. 2: The enlarged chest pad in camel surgically resected by a scalpel.**

## DISCUSSION

Treatment of an injured pedestal pad presents a serious challenge. Position and function lead to continuous soiling and irritation of wound. To prevent this, multi tail bandage applied. Hereby the pedestal pad no longer comes in contact with the soil when the animal lies down. Abscessation of the pedestal pad is a common

sequel of deep pedestal pad lesions and has to be treated vigourously. In neglected cases excessive formation of fibrous tissue can result in an enormously enlarged pedestal pad, such cases require surgical amputation and doughnut shaped bandage can be applied postoperatively (Schwartz and Modi, 1992). However, Leese (1927) suggested a ring shaped pad with secured around the perimeter of pedestal, diffusing weight and affording increased comfort to the camel. Camels with injured pedestals often require prolonged rest and good nursing to ensure recovery.

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