Capítulo 95

Non-Obstructive Linear Intestinal Foreign Body In A Feline – Case Report

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ABSTRACT
A foreign body is something ingested by the animal that cannot be digested causing an unstrangled and incomplete mechanical obstruction in the gastrointestinal tract. In cats, linear foreign bodies are the most common, being pieces of string, string, wires, clothing or dental floss. Most clinical signs include vomiting, anorexia, depression and abdominal pain, and there may not be vomiting if the foreign body is located in the gastric fundus and does not obstruct the pylorus (FOSSUM, 2021). Oral or anal traction is contraindicated as it can tear the gastrointestinal tract and cause ruptures. The aim of this study is to report the treatment approach adopted in a feline with a non-obstructive linear intestinal foreign body.

1 INTRODUCTION

A feline, male, SRD, 10 months old, weighing 1.9kg, was attended at the Veterinary Hospital of the University of Passo Fundo, complaining of hyporexia and adipsia for approximately eight days. On physical examination, heart rate was reported at 220 bpm, respiratory rate at 20 mpm, TPC 1s, indisposition, pain was noted on palpation in the epigastric and mesogastric region. Ultrasound showed mesenteric refraction, free fluid in the cavity and corrugated mesenteric loops. Therefore, it was suggestive of an intestinal foreign body and the patient was referred for a surgical procedure of exploratory celiotomy. A pre-retroumbilical incision was made, hemostasis and subcutaneous divulsion were performed, an evaluation of the gastrointestinal tract was carried out, observing the presence of fibrosis throughout the small intestine. For the removal of the foreign body, it was necessary to perform a jejunal enterotomy in two sites associated with a gastrotomy. During the traction of the foreign body, it was identified that it was also adhered to the base of the tongue, from where it was removed. Then, enterorrhaphy was performed with a single isolated suture and extravasation tests were performed to assess the patency of the sutures. E, gastrorrhaphy with simple continuous suture in the foreground, followed by Cushing's suture in the background. The abdominal cavity was washed with lactated Ringer's solution. Omentopexy on the incision lines. And, finalization by

celiorrhaphy with scalloped suture, subcutaneous reduction with simple continuous suture and dermorrhaphy with sultan suture.

The patient was referred to the ICU, fluid therapy with ringer lactate and pain medication were administered. Two days later, he showed free fluid in the abdominal cavity, which was analyzed and it was an effusion compatible with septic exudate, indicating peritonitis. He was referred for a new exploratory celiotomy, where dehiscence of the sutures located close to the mesenteric border in the jejunal portion was evidenced. Due to the uncertainty regarding the viability of this intestinal segment, resection and end-to-end anastomosis in the jejunum were performed with a simple interrupted suture. At the end, an extravasation test was performed, which was negative. Finally, the adjacent mesenteric edges were united with a simple continuous suture and the cavity was washed with lactated Ringer's. It concludes with the omentalization of the portion in which the resection and anastomosis was performed and debridement of the muscle edges. Performed celiorrhaphy and subcutaneous reduction and dermarrhaphy equal to the first procedure.

2 FINAL CONSIDERATIONS

Early diagnosis and good surgical technique are essential to avoid complications, so the prognosis is good if peritonitis and extensive resections are avoided. If the removal is not carried out, the prognosis is reserved because the animals may die due to hypovolemic or endotoxic shock, septicemia, peritonitis or starvation.

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