



Clinical Report

Reconstructive Surgery of Lip and Muzzle Laceration in a Doberman Pinscher

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Abstract

Case Description- A six-month-old Doberman Pinscher male with sever laceration in the mucosa of the lip, nose and nostrils as well as the shoulder area was referred to Veterinary Hospital of Shahid Bahonar University of Kerman.

Clinical Findings- The animal showed anorexia, depression, and sialorrhea. There was also a deep laceration over the right shoulder.

Treatment and Outcome- Surgery was performed under general anesthesia. Submucosa and mucosa were sutured in separate layer using simple interrupted pattern of absorbable suture material, and the skin of the nostril was reconstructed with the same pattern and non-absorbable suture material.

Clinical Relevance- Injuries of the oral cavity in dogs happen in a variety of conditions. This report describes surgical reconstruction of lip and muzzle laceration in a Doberman pinscher

Keywords- Doberman Pinscher, Lip, Nostrils.

Case Description

A six-month-old Doberman Pinscher with sever laceration in the mucosa of the lip and nose, and a part of nostrils, as well as the shoulder area was referred to the Veterinary Hospital of Shahid Bahonar University of Kerman. According to the owner's statement, the animal was injured due to a clash with barbed wire, 24 hours before admission.

Clinical Findings

On physical examination of oral cavity, there was a sharp tear began in the mucosa and submucosa of the right side of the upper lip, adjacent to the upper canine teeth, and continued craniostrally and involved the right nostril in full thickness (Fig.1).

The animal showed anorexia, depression, and sialorrhea. There was also a deep laceration over the

right shoulder, involving skin and subcutaneous tissue, and part of the musculature.

Treatment and Outcome

The dog initially sedated by 0.05 mg/kg of Acepromazine 1%, IM. Anesthesia was induced using 15 mg/kg of Ketamine 10% (Alfasan co, Neatherland) plus 0.2 mg/kg of diazepam (Chemidarou, Iran) through angiocatheter.⁴ Since endotracheal intubation interfered with surgical site, the surgery continued via total intravenous anesthesia (TIVA). The wound was lavaged with copious amount of normal saline and remnants of necrotic tissues and foreign bodies removed. Muzzle and nostrils were also surgically prepared. Wound repair was begun from the oral side by suturing the submucosa and mucosa in separate layers with simple interrupted pattern of absorbable suture material (Vicryl 3/0). In order to have uniform tension to the wound edges, all the sutures in the submucosal layer were replaced and tied at the end (Fig.2). Finally the muzzle and nostril was repaired using simple interrupted pattern of non-absorbable suture material (nylon 3/0) (Fig.3). Shoulder laceration was managed as second intention wound healing.¹ Finally, two weeks after the surgery and healing time is right for the stitches removed (Fig.4).

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Following the surgery, dexamethasone (0.5 mg/kg IM), tramadol (3 mg/kg IV) and ceftriaxone (40 mg/kg IV for 4 day) were administered. The owner was advised to feed the soft food to the animal for seven days and wash the oral cavity with normal saline following each meal.³



Figure 1. Severe laceration in upper lip and right nostril



Figure 2. Suturing of the submucosa and mucosa in separate layers with simple interrupted pattern of absorbable suture material



Figure 3. Suturing of the muzzle and nostril with simple interrupted pattern of non-absorbable suture material



Figure 4. Complete healing in areas of the gum, lip and nostril

Clinical Relevance

Lacerations of the mouth, lips and muzzle in the dogs happen in a variety of conditions such as fight, clash to obstacles and chewing the sharp foreign bodies. Although the lacerations of oral cavity heal fast, good alignment of the wound edges is mandatory to avoid undue scar formation which induce a foreign body sensation in the mouth.² Preplacing the sutures deep in the submucosa avoids undue tension on the wound edges during chewing and obliterates the dead space, which results in favorable wound healing with minimal scar formation.

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چکیده

جراحی ترمیمی پارگی لب و پوزه در یک سگ نژاد دوبرمن

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توصیف بیمار - یک قلاده سگ نر از نژاد دوبرمن با پارگی شدید در مخاط لب، بینی و منخرین به بیمارستان دامپزشکی دانشگاه شهید باهنر کرمان ارجاع داده شد. به گفته صاحب دام حیوان به علت برخورد با سیم خاردار دچار پارگی در نواحی فوق الذکر شده بود.

علائم بالینی - در معاینات فیزیکی حفره دهان مشخص شد که پارگی از مخاط لب و در مجاورت دندان نیش فک بالا شروع شده و تا جلوی لب بالا امتداد دارد به نحوی که مخاط و زیرمخاط لب و همچنین پوزه بصورت تمام ضخامت پاره شده بود. حیوان بی‌اشتهایی، دپرسیون و ریزش بزاق را نشان می‌داد.

درمان و نتیجه - جراحی تحت بی‌هوشی عمومی انجام شد. مخاط و زیرمخاط با استفاده از الگوی ساده تکی و نخ قابل جذب در لایه‌های جداگانه بخیه شدند، پوست و منخرین هم با استفاده از نخ غیرقابل جذب و الگوی ساده تکی بخیه گردید.

کاربرد بالینی - جراحات حفره دهان در سگ‌ها در شرایط متنوعی رخ می‌دهد. این گزارش توصیف جراحی ترمیمی پارگی لب و پوزه در سگ نژاد دوبرمن بود.

کلمات کلیدی - دوبرمن پینچر، لب، منخرین.