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CASE STUDY

SURGICAL REPAIR OF LOWER LIP AVULSION IN A KHILLAR BULLOCK

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ABSTRACT

A 5-year-old Khillar bullock that accidentally fallen in a 4 feet deep pit that resulted in to lower lip avulsion. Clinical examination revealed lower lip separation from the mandible, swollen mandibular area. The bullock was dehydrated, profusely salivating and unable to eat or drink. The animal was subjected to surgical operation and postoperatively treated with fluids, antibiotics and NSAIDs. The animal completely recovered after 12 days post-operative.

INTRODUCTION

The facial injuries are more common in all domestic animals and caused by sharp objects, nails, thorns, accidental injuries, infighting injury, barbed wires, falling on grounds during races or from grazing land on hills (O'Conner, 1980; Patil and Laxmai ah, 2010). The lip avulsions were reported by Fazili (2009); Anjaney *et al.* (2010) and Patil and Laxmaiah (2010) in different breeds of cattle. The present article reports case of complete lip avulsion in Khillar cattle with their successful surgical management. In this paper, successful correction of lower lip avulsion and chin is surgically corrected and discussed.

Case History

A Khillar bullock was presented to TVCC, COVAS, Parbhani. With the history of accidental falling in a 4 feet deep pit resulting in separation lip and chin from lower jaw and mandible was exposed blood tinged salivation, hanging of lower lip, inability to consume feed and fodder, contamination of wound with necrosed tissue with halitosis was evident with severe dehydration. The physiological parameters like rectal temperature was found in normal range but heart rate and respiration rate was slightly elevated as animal was excited (Fig. 1).

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Treatment

Under Xylazine @ 0.2 mg/kg BW I/V + Pentazocine 0.5 mg/kg BW I/V Neuroleptanalgesia and bilateral mental nerve block by using 2% lignocaine HCL. The wounds were thoroughly cleaned and washed with 0.1% potassium permanganate lotion followed by debridement of all devitalized portions of the gingiva and lip was performed. Lacerations of the lip margin repaired first, using simple interrupted silk sutures. With silk 8 to 9 mattress sutures were placed, through the full thickness of the lip, around an incisor, and back through the lip (Fig. 2 & 3). Dehydration was corrected by giving Inj. DNS and Inj.RL 2 lit each intravenously. Daily washing of wounds with 0.1% potassium permanganate lotion and application of boroglycerine was done twice daily for next 12 days. The animal was maintained on soft leafy green grass for next 10-12 days. Post operatively Inj. Dicrysticine 2.5 gm /day I/M, Inj. Melonex 0.5 mg/kg BW I/M, Inj. Tribivet 10 ml/day I/M was given for 5 consecutive days. Animal recovered uneventfully.

DISCUSSION

The lip and muzzle injuries are common in domestic animals as they are the prehensile organs in cattle. The lip avulsion in Khillar and Hariana bullocks were reported by Patil and Laxmai at (2010) and Anjaney *et al.* (2010), respectively. In present case it was reported in Khillar bullock. The facial wounds will heal faster due to their higher blood supply however, without proper reconstruction early healing cannot be accomplished (Patil *et al.* 2007), Silk sutures.

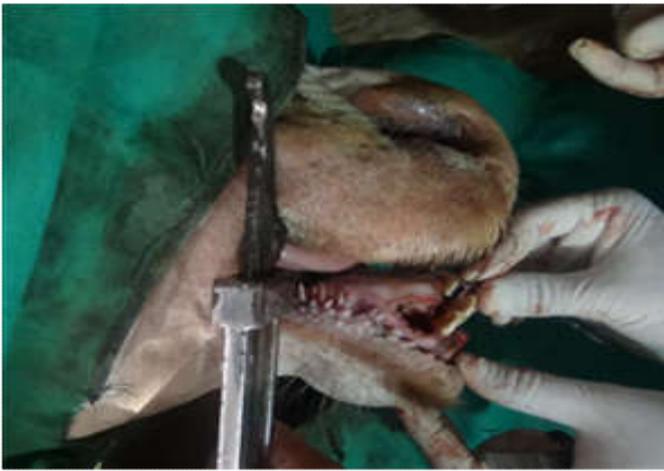


Fig. 1. Avulsion of lower lip in a bullock



Fig. 2. After suturing of the lacerated lip



Fig. 3. After surgery

Were used successfully for repair of lip injuries in the present cases whereas earlier Patil *et al.* (2007) and Patil and Laxmaiah (2010) used silk and catgut, respectively for reunion and repair of avulsed lower lip in animals. Post-operative care was for initial 3-5 days to provide green succulent fodder and daily antiseptic dressing with povidone iodine and antibiotic coverage till the healing of wound were the key points in success of early healing of wound. The cases recovered uneventfully.

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