Surgical Management of Entrapped Soft Palate in Camels (*Camelus dromedarius*)


Department of Veterinary Surgery and Radiology, College of Veterinary and Animal Science, Rajasthan University of Veterinary and Animal Sciences, Bikaner-334001.

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**Abstract**

Five male camels were presented with a history of anorexia and stiffness of neck and painful swelling at retropharyngeal region. Two of these cases had a history of external trauma but all the cases had a common history of inability of animal to protrude out the soft palate since recent trauma or otherwise. The per-oral examination of these cases with xylazine sedation allowed visualization of soft palate entrapment and it was pulled out by anchoring a long hook into the body of soft palate. After careful irrigation of oral cavity the dulla was resected by a long handle scissors. Blood vessels were not ligated and haemostasis occurred spontaneously. A careful examination of resected dulla revealed in 2 cases had clots, two had pus and one had feed entrapped.

**Key words:** Camel, Entrapped soft palate, management.

The oro-ventral projection of soft palate which is better developed in male camels, balloons out in ‘rut’ or breeding season (Arnaudovic and Abdel, 1974; Reece and Chawla, 2001; Al-Sobayil and Ahmed, 2011). It is often injured by sharp edges of cheek teeth, wolf or canine or tussle by self or other camels. Sometimes blow by blunt object or feed, straws also causes injury. Abscession of haematoma is seen in delayed cases which is a sequel to the contamination of wounds over injured soft palate (Vashishtha et al., 1980).

**Materials and Methods**

Penetrating wound at soft palate was recorded in 5 male camels during breeding season. It got injured either with its own teeth or by biting of offender camel or by external trauma. The cases of penetrating wound at soft palate were treated surgically (Fig. 2). Animals were secured in sternal recumbency and sedated with xylazine @ 0.3 mg per kg, intravenously. Animals were administered injection Enrofloxacin @ 2.5 mg/kg body weight, intramuscularly for 5 days and injection meloxicam @ 3 mg/10 kg body weight, intramuscularly for 3 days.

**Treatment and Discussion**

The injured soft palate showed haematoma and oedema in four cases and abscession in one case. The protruded heavy mass of soft palate (Gulla/Dulla) was hanging out on either side of the mouth and the animals were unable to retract it into the oral cavity (Fig. 1). Protruded soft palate was held in hand with towel and was pulled out. It was resected close to its attachment with the help of a long handle (metzenbaum) scissors (Fig. 3). The severed edges were cauterised with strong potassium permanganate solution. Haemostasis occurred in couple of minutes. Oral cavity was irrigated daily with light potassium permanganate solution. The animal was offered roughages with soft dry leaves with minimum straws. Animals recovered uneventfully (Fig. 4).

It is cut away from the base using long handle (metzebeaum) scissors. Otherwise an inadequately cut stump which might be sucked into the laryngeal cavity to cause death by asphyxia (Gahlot et al., 1988). Similar observations were made by Ramadan (1994), Dudi and Gahlot (2003) and Gahlot et al (2007).

**Summary**

Present study was done in the clinic of department of Veterinary Surgery and Radiology, CVAS, RAJUVAS, Bikaner and 5 cases of...
entrapped soft palate were diagnosed in male camels. Injured soft palate resected surgically with xylazine sedation (0.3 mg/kg). Oral cavity was irrigated daily with 5% potassium permanganate solution along with proper parental administration of antibiotics and NSAIDS for 3-5 days to check the secondary infection and inflammation and animals was offered roughages with soft dry leaves with minimum straws for faster healing.

References


