



Unit : Traumatic Reticulo Peritonitis and Pericarditis
Lesson : 5

How to treat these cases

Dr. M. Ranjithkumar, PhD.,

Assistant Professor,
Department of Clinical Medicine, Madras Veterinary College,
Chennai - 600 007. Tamilnadu

Introduction

- Depends on location of FB, financial condition & facilities available
- Before surgical intervention animals should be treated medically
- Proper antimicrobial, anti-inflammatory measures, replenishing fluid and electrolytes & reducing pain
- Prolong antimicrobial administration is required

Cont...

- Monitor for ileus due to adhesions and vagal indigestion
Acute clinical cases involve endotoxemia
- Restricting movement is essential to prevent migration of the wire cranially
- The front feet should be elevated about 25 cm above the floor

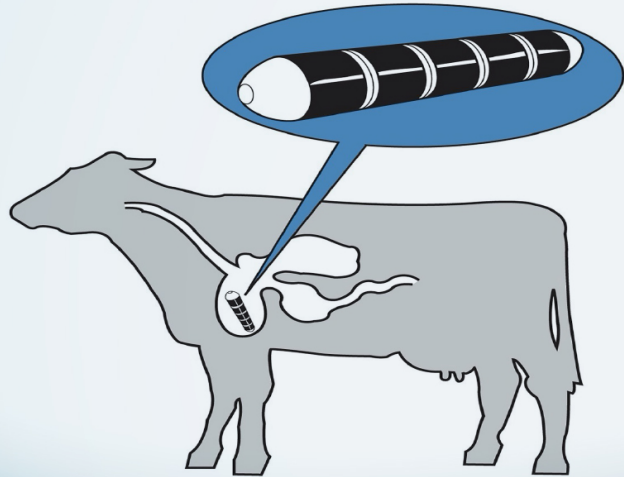
Pharmacologic Options

- Tetracyclines and b-lactams are good choices
- Steroidal or NSAIDs instituted early
- Institute appropriate fluid therapy
- Consider constant rate infusion of analgesic drugs
- At least five days of antimicrobial recommended

Magnets

- Administration on the first day will often aid recovery
- Magnet length 3 inch to better protect reticulum
- FB fails to attach to the magnet, yet is walled off with body defenses
- FBs are in upright position on ventral reticulum - magnets are efficacious

Magnets



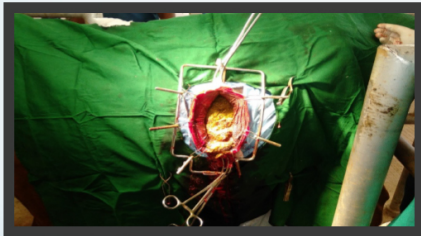
Fluids

- Acute, severe cases have hypovolemic shock & hypoproteinemia
- Large volumes of intravenous isotonic saline is indicated
- A hypochloremic, hypokalemic, metabolic alkalosis is anticipated
- Oral fluids may be less effective
Potassium and magnesium can be added in addition

Rumenotomy

- A left flank laparotomy and rumenotomy are performed to evaluate
 - Peritonitis
 - Peri-reticular / rumen adhesions
 - Attempt retrieval of intraluminal FB
 - Lance peri-reticular abscesses bodies
- Palpate and remove objects lying on the superficial mucosa

- Denuded or smooth mucosal surfaces or bulges indicates peri-reticular abscesses
- After exploration, remove the shroud, lavage the surgical site and close it





Thoracotomy

- Pericardiotomy or pericardiectomy are reported in animals
- Septic pleuritis, pyothorax, or pericarditis can be approached
- Fifth or sixth partial rib resection can provide more thorough drainage
- Unilateral septic pleuritis and pyothorax have a more favorable, yet guarded, prognosis
- Incise the pleura and lavage thoroughly

Cont...

- Slower decompression of the restrictive pericardial sac to prevent shock
- Daily lavage is planned until wound closure
- Second-intention healing could take weeks
- Consider partial closure or complete second-intention healing
- Unidirectional flow separate chest tube placed

Summary

- Penetration mostly at cranio-ventral walls of reticulum
In India 14% of forestomach disorders have TRP and / or TP
- Four types of pathogenesis in TRP and fibropurulent exudation occurs in TP
- Grunting, bruxism & brisket edema often suggest TRP & TP
- Multimodal diagnostic approach is employed
- Prognosis often unrewarding

Cont...

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*Thank
you*