Case Report

RETRIEVAL OF AN INGESTED SEWING-NEEDLE IN A TOM CAT – A CASE REPORT

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ABSTRACT

An one and half years old tom cat weighing 5.2 kg was presented at Veterinary Clinical Complex, Navania, with the history of swallowing a sewing-needle along with the thread. Lateral radiograph was taken for confirmatory diagnosis. Diagnosis and a successful surgical retrieval of ingested 3.4 cms long sewing-needle attached with 17 cms long thread was carried out and the animal recovered by a week after surgery without any complications.

Keywords: Cat, linear foreign body, radiograph, sewing-needle, surgical-retrieval

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Base of tongue (sublingually), pylorus and ileocecal junction are the most common sites in cats where the ingested foreign bodies get lodged. Cats are more playful animal which seem more prone to linear foreign body (LFB) ingestion and if it is of metallic-origin with sharp end, it requires immediate surgical management. A number of objects can assume a linear configuration, including string, thread, dental floss, nylon stockings, cloth, sacks, ribbon, plastic, and cassette tapes (Fossum, 2019). Linear foreign body obstruction can result in chronic, intermittent, gastrointestinal disease in cats (Saundra and Charles, 1991). Careless use of sewing-needle is very common at homes which may lead to accidental ingestion causing medical emergency for pets. Present case study reports diagnosis and retrieval of a sewing-needle (along with thread) lodged transversely at ileocecal junction in a tom cat.

A one year and six months old tom cat weighing 5.2 kg was presented at Veterinary Clinical Complex, Navania, with the history of swallowing a sewing-needle along with the thread. Diagnosis was made on the basis of the history given by owner and the lateral radiograph. Radiographic findings revealed the presence of metallic linear foreign body (LFB) in large intestine (Fig. 1). Listlessness, anorexia, pyrexia, severe abdominal pain on

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palpation and impaired gait were observed during clinical evaluation.

Mid line celiotomy was done under balanced anaesthesia using Xylazine (@ 0.5 mg/Kg) and Ketamine (@ 15 mg/Kg) administered intramuscularly for induction and sole ketamine was used for maintenance. After preparing surgical site aseptically, a 6 cm long mid-line incision was made on the linea-alba. The abdominal cavity was explored and large intestine at the site of foreign body obstruction was exteriorised. The transversely lodged 3.4 cm long sewing needle attached with 17 cm long thread (Fig. 2) was retrieved from the caecum (Fig. 3) by pressure applied at eye-portion of needle and pulled out using needle holder. Single interrupted absorbable suture (Vicryl, 2-0) was applied over the punctured site where needle was pulled. The celiotomy incision was closed by using absorbable (Vicryl, No. 2-0) and non-absorbable (Silk, No.1) suture materials for muscular tissue and skin respectively by routine manner. The owner was advised to provide soft diet for five days after surgery. Post-operatively, intramuscularly ceftriaxone (@ 50 mg/Kg) and meloxicam (@ 0.2 mg/Kg) were administered as antibiotic and NSAID respectively for five days. Regular dressing of the suture line was done and sutures were removed after a week. Vomiting and reduced appetite were reported 2-3 days after surgery but it becomes normal later.

Linear foreign bodies (LFB's) are more commonly reported in cats than in dogs and in 90.6% cases of FBs are thread (Felts *et al*., 1984) as observed in the present case. Linear foreign body means a foreign body which becomes linear in configuration after ingestion and such foreign bodies may not always be diagnosed by simple radiographs. Failure of radiographic diagnosis further requires ultrasonographic (USG) examination especially for non-metallic foreign bodies but in present case radiographs could confirm the diagnosis and for that reason USG examination was avoided. String, thread, dental floss, nylon stockings, cloth, sacks, ribbon, plastic, sewing needle and cassette tapes were considered under LFB's. Most of the cats with linear foreign bodies were under mean age of 2.7-years with median age of 1 year (Fossum, 2019). Similarly in the present case the age of the tom cat was 1.5-year and it may be assumed that at this age the animals are very playful. Diarrhoea and vomiting are more common in cats with partial obstruction as reported in many studies (Felts *et al.,* 1984; Nandini *et al.,* 2017; Fossum, 2019) but in this case such findings were not reported prior to surgery as the case was presented very early. Abdominal pain is common if linear foreign bodies have caused bunching of the intestines but in the present case abdominal pain was observed without bunching which might be because of pressure exerted by extremely sharp end of sewing-needle to mucosal membrane. Linear foreign bodies might have caused the intestines to appear bunched or pleated together, with small gas pockets in the lumen (comma shaped) and without gas-distended intestinal loops (plication). However, some patients (especially cats) with linear foreign bodies have no obvious lesions on plain radiographs (Fossum, 2019) and similarly no obvious lesion was seen in the lateral radiograph in the present case.

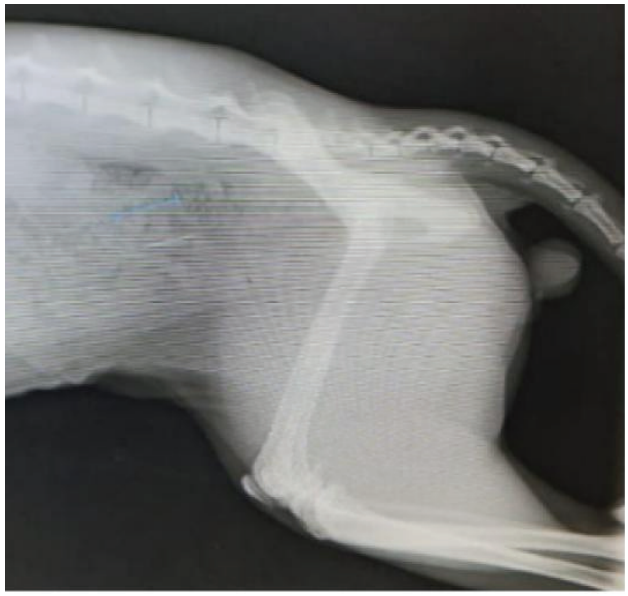

Fig. 1. Lateral radiograph showing presence of radiopaque LFB in large intestine

Fig. 2. Ingested sewing-needle attached with thread retrieved from caecum

Fig. 3. Intra-operative photograph showing retrieval of transversely lodged LFB from ileocaecal junction

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