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Retrieval of Linear, Flexible, and Atraumatic Pharyngeal Foreign Body by Oral Approach in a Cat

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Abstract

A two-year-old intact tom cat reported to Madras Veterinary College and Teaching Hospital with signs of ptyalism, discomfort and pawing of cheeks since three hours. Oral cavity examination revealed no abnormalities or foreign bodies. The cat was anaesthetised with Inj. Xylazine @ 2mg / Kg bw IM and Inj. Ketamine @ 15mg / Kg bw IM and pharynx was examined. A free end of the multistranded thread was noticed in the pharynx Radiography revealed no foreign body in the esophagus or stomach. As the pet was presented earlier retrieval of the linear foreign body was attempted with sterile forceps. No traction resistance was experienced from the posterior aspect of the foreign body and hence the foreign body was retrieved. It was a linear atraumatic flexible multistranded thread measuring 3.6 cm in length. Post – retrieval the cat had no complications. This case reports successful non surgical retrieval of a linear atraumatic flexible foreign body by oral approach in a young Domestic short hair cat.

Foreign bodies in Gastro – intestinal tract of pets are commonly encountered. Depending on the nature of the foreign body the treatment plan is decided. A complete history, thorough clinical examination and imaging will favour earlier diagnosis and hence earlier intervention which might be surgical or non – surgical. As the foreign body retrieval is delayed they experience life threatening consequences and complications. The case reports of foreign body at the level of pharynx or proximal oesophagus in cats are few.

Case History and Observations

A two year old intact tom cat weighing 3.5 Kg reported to Madras Veterinary College Teaching Hospital for frequent pawing of the cheeks since morning for approximately three hours from the time of reporting. There was frothy salivation. On examination all the physical parameters were within normal range. The cat was active and responded to owner's call. Vaccination and deworming was done regularly. Feeding was with commercial pelleted cat food which was fed the earlier night and there were no complaints on feeding habit. There was restlessness, ptyalism, regurgitation, retching and frequent pawing of cheeks with signs of discomfort on clinical observation. The owner has reported immediately on observation of clinical signs.

Treatment and Discussion

The clinical signs were restricted to facial region in perioral area. So, oral cavity was examined thoroughly. As there were no clue the pet was anaesthetised with Inj. Xylazine @ 0.2mg /kg bw IM and Inj. Ketamine @ 15 mg / Kg bw IM (Neamtu, *et al.*, 2021)to examine the pharynx and base of the tongue and the later usually being the site of linear foreign body lodging in cats. The site with the highest occurrence of foreign body lodgement in cats was the esophageal entrance caudal to pharynx (Elkader *et al.*,

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2020). In the present case examination revealed the free one end of stranded white thread in pharyngeal region. Conventional method of immediate retrieval of the foreign body was not resorted as the owner was not aware of any metallic or non metallic foreign body to have been ingested by the cat. The pet was subjected to plain radiograph of lateral and ventro – dorsal view of neck. As there was no evidence of foreign body in radiography it was decided to retrieve the linear foreign body through oral approach by traction with forceps.Therapeutic extraction of foreign body was executed based on the location of linear foreign body and radiographical observation. Traction with a forceps can be successful if the foreign body is situated in the proximal pat of the digestive tract (pharynx and proximal esophagus) and the shape and size of the foreign body permits this (Stroe *et al*., 2023). If the foreign body is not addressed by medical intervention promptly serious consequences like esophagitis, aspiration pneumonia, pleural infections or even they may end up fatal. The ingestion of linear foreign body necessitates earlier diagnosis and prompt intervention as continuous peristalsis leads to complications and might prove fatal. Prognosis in linear foreign body worsens drastically with increase in number of days of ingestion (Hayes, 2009).Linear foreign body are more frequent in cats than in dogs (Papazoglou, *et al.,* 2003). Linear foreign body are associated with higher mortality rate than in non – linear ones, due to the fact that they typically perforate the mesenteric border of the small intestine(Allan, 2015).There was no traction resistance as the distal end of the thread was in the lumen of proximal esophagus. A mutistranded white thread measuring 3.6 cm was retrieved which was free from any food particles, tissue pieces or blood stains revealing atraumatic retrieval. As the presented case was fresh the pet recovered without any complications. Post retrieval the pet was free of any clinical signs of discomfort and had a uneventful recovery.

Conclusion

The presented case of successful oral approach retrieval of linear, flexible, atraumatic foreign body in a cat without complication was because of prompt diagnosis and immediate intervention. If the same condition repeats in the same cat behavioural advice should be given. Nutritional imbalance if any should be addressed for recurrent condition in the same pet.

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