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A Case Report

Invasive surgery for removal of teat obstruction in a doe

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ABSTRACT

A case of intermittent milk flow obstruction of the left teat in a 3-year-old lactating doe caused by an air gun pellet is described. Open surgery was used to remove the pellet through an incision on the lateral side of the quarter at the region of the gland sinus.

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Key words : Doe, Teat obstruction, Air gun pellet

Teat obstructions are usually recognized when they interfere with milk flow. They can range from diffuse, tightly adherent lesions to highly mobile discrete lesions that move freely throughout the teat and gland sinus. They are either congenital or acquired, resulted from trauma or infection, causing either partial or complete teat obstruction (Johnson, 1988; Steiner, 2004). Teat obstruction can be caused by stenosis of the teat orifice (hard milker), floating or attached pea, imperforated teat, tight streak canal, atresia of the teat cistern, or teat base membrane obstruction (Brightwell, 1969; Horney, 1984; Ducharme *et al*., 1987; Johnson, 1988; Steiner, 2004; Weaver *et al*., 2005).

Teat obstruction results in a decrease or complete absence of milk flow (Ducharme *et al*., 1087; Johnson, 1988). Economic loses can be attributed to decreased or loss in milk flow and prolonged milking time which leads to additional trauma to the teat (Steiner, 2004). The present case report describes an unusual cause of teat obstruction and describes the surgical procedure for removing it.

Case report:

A 3 years old healthy lactating doe was admitted to the Surgery Department of Faculty of Veterinary Medicine of Duhok University, Iraq, with a history of intermittent disruptions in milk flow of the left teat of 7 days duration.

Palpation of the left teat revealed the presence of a firm object moving freely in the teat sinus. Radiography was not available, therefore, the tentative diagnosis was teat obstruction by a lactolith.

Surgical procedure:

The doe was restrained in lateral recumbency with the left side uppermost. The left quarter and teat was prepared aseptically and scrubbed with povidone iodine.

Because the size of the object was larger than the teat orifice, all the attempts to remove the object by milking it through a forced pressure applied downward on the teat sinus or by crushing the object via a small forceps introduced into the teat canal failed and stopped to avoid irreparable damage of the teat orifice.

Invasive or open surgery was done to remove the object; the object was milked upward, pushed and fixed against the skin on the lateral aspect of the gland sinus of the left quarter. Under local infiltration anesthesia with 2 per cent lidocaine hydrochloride (EXCEL Lifescience LTD. London. UK) and following draping of the surgical field, about 3 cm long vertical incision was made directly over the object, penetrating the gland sinus. A small pointed air gun pellet was removed from the site (Fig. 1, 2 and 3). No intraoperative bleeding was found.

The wound was closed by a three layer closure (the