

Short communication

MANAGEMENT OF SIMPLE OBSTRUCTIVE COLIC IN AN ARABIAN HORSE

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ABSTRACT

An adult gelding chestnut colored Arabian horse, approximately 700kg body weight, aged 18 years, height 5 feet 8 inches with the history of anorexia, recurrent mild pain and pawing was presented for clinical study in Bhatiary, Chittagong on the dated 15 June 2007. The clinical examination of the patient revealed normal temperature, increased pulse and respiration rates, absence of abdominal sounds. On close observation, the horse was anxious, anorexic, restless condition, intermittent pawing on the ground, rolling, circling, stretching out and standing for long period. There was no defecation and scanty urination. On rectal palpation, the rectum was emptied. Fecal examination also revealed no eggs of endoparasites. The horse was treated nonsurgically with antibiotic, liquid paraffin, oil of turpentine. Fluid therapy was also given depending upon degree of dehydration. The horse was observed each and every day for follow up treatment and recorded the condition of health. Recovered the horse fully within 10 days.

Key words: Gelding, colic, stretching out, treatment

INTRODUCTION

The horse most commonly suffers from abdominal colic among the species of domestic livestock. Colic is an important cause of mortality and morbidity in domesticated horses. The incidence of colic in the general horse population has been estimated between 10 and 11 percent on an annual basis. The colic is the leading cause of death and the number one health concern of horse owners. The different classes of medications are usually used in the management of colic include analgesics, tranquilizers, GI protectants, laxatives, lubricants, anti-fermentatives, anti-ulcer medicants, and electrolytes, including intravenous (Anna *et al.*, 2007). There are a variety of different causes of colic, some of which require surgical intervention and can prove fatal. *Strongylus vulgaris* is one of the major important causes of thromboembolic colic Monahan (2000) and Alam, *et al.* (2003). Surgery in horse for treating colic is usually an expensive procedure as it is major abdominal surgery.

MATERIALS AND METHODS

A thorough clinical examination to determine the cause and location of abdominal pain is imperative. The described horse was regularly dewormed. A thorough clinical examination of the horse revealed normal rectal temperature, increased pulse and respiration rates, anxious, refusal to eat, restlessness (Fig. 1), intermittent pawing on the ground, rolling, kicking at abdomen, circling, stretching out and standing for long period. No defecation and scanty urination and on rectal palpation, the rectum was emptied. Similar signs were found by Edwards (1991) and Johnston (1992). In fecal examination of presented horse, no egg of any parasite was found. The following treatment was given by the local veterinarian to the horse before presented to the authors.

| Days | Drugs used | Dose and route | Patient response |
|-------|---------------------------|-------------------|------------------|
| Day-1 | Hyoscine –N- butylbromide | 20 ml, IM | No response |
| | Hyoscine –N- butylbromide | 20 ml, IM | |
| Day-2 | 5% dextrose saline | 2000 ml, IV | No response |
| | Normal saline | 1000ml, IV | |
| | Antizymotic and appetizer | 20 gms, orally | |
| | Soap anema | 4000 ml, rectally | |
| Day-3 | 5% dextrose saline | 2000 ml, IV | No response |
| | Normal saline | 1000ml, IV | |



Fig 1. Horse showing anxious and restless

Physical changes with respect to temperature and digital pulse and absence of any visible lesions in the legs differentiated the cause from simple lameness (Varshney *et al.*, 1997). On the basis of clinical examination, rectal palpation and fecal examination, diagnosis was made as simple obstructive colic. Treatment with single oral dose of liquid paraffin-3 liters and oil of turpentine-100ml along with 5% dextrose saline- 3 liters, normal saline-3 liters intravenously daily for 7 days and penicillin 120 lac i.u. daily for 5 days intramuscularly was provided.

RESULTS AND DISCUSSION

The treated horse was fully recovered within 10 days. Liquid paraffin and oil of turpentine may have lubricated the gastrointestinal tract. Dextrose saline (5% - 3 liters), normal saline (3 liters) were injected intravenously as a supportive therapy. Penicillin (120 lac i.u) injection was also injected daily for 5 days intramuscularly as treatment resuming. Similar treatment was provided with liquid paraffin- 3 liters and oil of turpentine-100 ml single oral dose through drenching bottle to lubricate the tract and to act as a laxative to help fecal material move through the tract (Radostits *et al.*, 1995) along with 5% dextrose saline- 3 liters, normal saline-3 liters intravenously daily for 7 days and penicillin 120 lac daily for 5 days intramuscularly. There was gradual improved in water intake and food consumption and on the day-10 the horse was fully recovered.

Initial treatment of colic that do not need surgery includes administration of an analgesic, intestinal lubricant and fluid therapy if there are signs of dehydration and electrolyte imbalance. In this referred case previous treatment with analgesic, hyoscine-n-butylbromide and fluid administration may have some beneficial effect.

It may be concluded from the study, the clinical cases of simple obstructive colic in horse could be treated successfully with liquid paraffin plus oil of turpentine and others supportive therapy.

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