



E-ISSN: 2320-7078

P-ISSN: 2349-6800

www.entomoljournal.com

JEZS 2020; 8(5): 261-262

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Received: 11-06-2020

Accepted: 15-08-2020

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Interdental hyperplastic polyp and its management in a doberman dog

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Abstract

Gingival hyperplasias are common oral ailments seen in dogs. A small interdental hyperplastic poly like growth from the left lower gingiva of a 1-year old male Doberman dog presented at ECCU, RVSS, Madras Veterinary College, Chennai-7 was successfully excised by using simple electric cauteriser pen. This simple conservative excisional procedure of removing oral neoplastic growth in dogs can be adopted at various field condition by the field and practicing veterinarian.

Keywords: Canine, interdental hyperplastic growth, oral polyp, cauteriser pen

Introduction

Oral cavity tumours and tumour-like lesions are common in dogs and cats and their diagnosis and classification requires histopathological examination^[1]. There are different type of canine oral lesion which includes lesions of benign tumours, hyperplastic lesions, inflammatory lesions, oral papillomatosis^[3], gingival hyperplasia, peripheral odontogenic fibroma, Malignant tumours, High-grade melanoma, canine oral fibrosarcoma^[2], oral, mucosal mast cell tumour^[4] etc. Local lymph node metastasis during presentation of case was not observed and high incidence of such metastatic changes would be a positive factor for poor prognosis.

Case history and Treatment

A one-year old male Doberman Pincher was referred to Emergency Critical Care Unit, Resident Veterinary Services Section, Madras Veterinary College for oral lesion. On examination of oral cavity the animal revealed an obvious asymmetric, hyperplastic non vascularised lesion, which originates from the buccal mucosa between left lower canine and first pre molar teeth and mainly from gingival tissues which appears like small cauliflower growth on the left lower gum of the mandibular corpus (Fig. 1).

A plain radiographic examination revealed no bony involvement at the ramus, angle and corpus of the mandible. At the same time, there were an impacted canine and premolar. This tumour like growth may be the initial symptom or clinical finding in the oral carcinoma. This entity should always be included in the differential diagnosis. Conservative excision of the tumour like growth with minimal but adequate margins is the treatment of choice.

Treatment and Discussion

Under general anaesthesia using 0.01mg/kg and 1mg / kg body weight of atropine and xylazine as premedication respectively and ketamine @ 2 mg /kg body with diazepam 0.5mg /kg body weight as cocktail as induction and maintenance; the animal was prepared for removal of the polyp like tumour growth using cauteriser. About 2cm length tissue weighing about 5gm was excised from the buccal mucosa just behind the left lower canine teeth with enough marginalised tissue around the cauliflower like polyp growth. The deep routed tissues are cauterised using the cautery pen (Fig. 2). Haemorrhage at the excisional site was minimised by cauterising surrounding tissue. Enough deep tissue was taken to at least remove all the gross lesions without significantly impacting on vital structures around the excisional area of the growth.

Interdental polyp like hyperplastic tissue growth can be removed by conservative excisional method using electric cautery pen without haemorrhages and without much surrounding tissue damage (Fig. 3). Reoccurrence of the tumour growth can be considerably reduced by killing the neoplastic cells and tissues at the excisional site.

Progressive healing of tissue may be delayed due to excessive cauterisation of normal cells and tissues around the hyperplastic cell growth. However, simple electric cauteriser pen can be used to remove such polyp like growth from the buccal mucosa effectively even at the field level. This conservative excisional method using simple electric cauteriser pen can be adopted at field level dispensary by the field and practicing veterinarian without much complication.

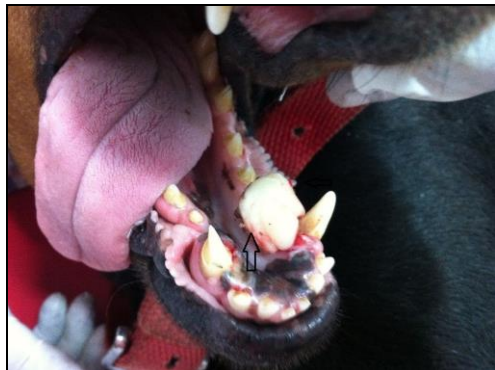


Fig 1: Small cauliflower growth on the left lower gum of the mandibular corpus (arrow)

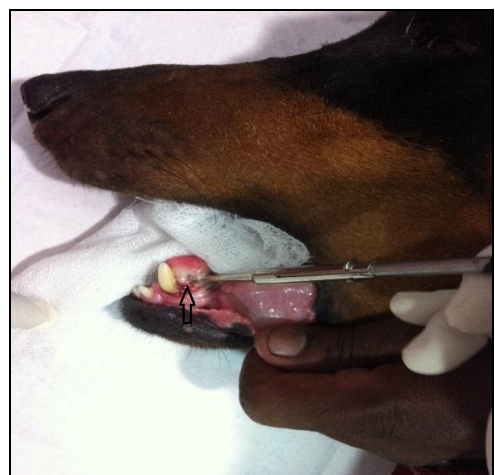


Fig 2: Hyperplastic tissue growth cauterization using with cautery pen (arrow)

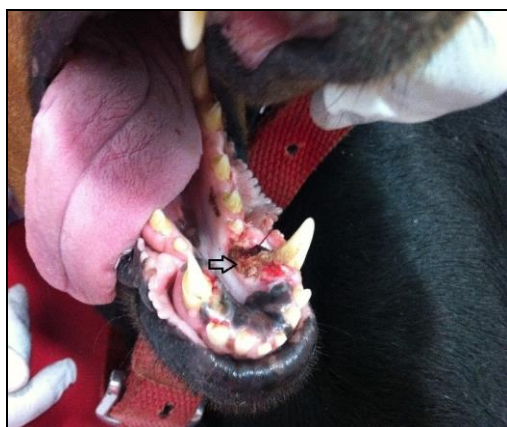


Fig 3: Post cauterization (arrow)

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Acknowledgements

The authors are thankful to Director of Clinics, Madras Veterinary College, TANUVAS for providing ample facilities to conduct the current work.