

## A Case of Caecal Torsion in a Thoroughbred Horse

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Colic is a most important and life threatening condition in horses. A timely approach is necessary to diagnose and treat colic signs in horses (Dart, *et al.*, 1997). Torsion of 360° or greater of the ascending colon (large colon) is one of the most painful and rapidly fatal causes of colic in the horse, without intervention death occurs in a matter of hours (Knowles and Mair 2009). The present case describes caecal torsion, clinical features and characteristic of necropsy in a Thoroughbred gelding.

### History and Observation

A nine year old Thoroughbred gelding was brought to the Madras Veterinary College Teaching Hospital with the history of abdominal pain, pawing and the animal was previously treated for recurrent colic. Clinical examination revealed that congested mucous membrane, mild abdominal distension, profuse local sweating, frequent lying down, tachycardia and elevated pulse rate. Rectal examination revealed that abnormal positioning of taenial bands, rough intestinal surfaces and distended large intestinal loops. Based on history, clinical signs and physical examination the case

was tentatively diagnosed as caecal torsion.

### Treatment and Discussion

The horse was initially treated with Inj. Flunixin meglumine @1.1mg/kg b.wt, Inj. Normal saline @ 10ml/kg b.wt and Inj. Ringer's lactate solution @ 10ml/kg b.wt. Nasogastric intubation was performed and relieved around 5-6 litres of gastric reflux. The haematological and biochemical parameters such as Hb-11.6g/dl, RBC-7.16 millions/Cumm, PCV-32.1% and WBC-7,300/Cmm, BUN-24mg/dl, Creatinine-1.64mg/dl, Total proteins-7.75g/dl, Albumin-3.35g/dl, ALT-10IU/dl, Calcium-13.53mg/dl, Phosphorus-5.19mg/dl and Glucose-109mg/dl.

In spite of treatment animal died after 5 hours and was subjected for necropsy. Based on the Post mortem findings showed 360 degree caecal torsion and affected caecal part with severe ischemia, it was confirmed that the case of caecal torsion.(Fig.1).

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**Fig. 1 Arrow indicates two fold rotation of caecum with distension and ischaemic changes**

Volvulus may also occur anywhere along the length of the colon although it is reported most commonly at the level of the caeco-colic fold. The clinical effects of the volvulus and prognosis depend on the degree of rotation and ischaemia (Hackett, 2002). Torsion may occur in either direction but dorsomedial rotations predominate (Harrison, 1988). Caecal diseases included impaction (40% of total cases), rupture associated with concurrent unrelated disease (13%), rupture with parturition (9%), rupture with no associated disease (5%), infarction (11%), torsion(9%), abscess or adhesion (7%), tumour (3%), and miscellaneous conditions (3%) (Dart , *et al.*, 1997). The present case the cause of death due to 360 degree of rotation of caecum and severe ischaemia behind the rotation part.

### References

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