



Practitioner Case Reports

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1. Rectal fistula in an aged hind

Introduction

A farmer telephoned to say he had a recently purchased hind which was in calf, and had developed a second anal opening anterior to its regular anal opening

Observation

The hind was passing faeces through an opening lateral to the sacrum, posterior to the tuber coxae, through the gluteal muscles and skin. The rectal mucosal wall had lined a fistula through the opening from the rectum to the skin and faeces was being passed over the rump of the animal.

Procedure

The hind was pre-medicated with xylazine at a dose rate of 1 mg/kg. One gm of pentothal was administered i.v., an endotracheal tube was passed and anaesthesia was maintained on O₂ halothane.



Surgery

Surgery was reasonably uneventful. The fistula was separated with blunt dissection and the rectal wall was closed with PDS. The gluteal muscles were closed with catgut and the skin closed with vetafil. When surgery was completed the hind was loaded into the farmer's trailer and reversed with yohimbine.

Post-operative

The skin sutures were removed after two weeks and the hind was closely watched through to calving.



The hind was yarded and assisted at calving, and this went well with the hind accepting the fawn and she was released to the paddock that night.

Cause

The cause is speculated to have resulted from an intramuscular injection in the gluteal region which subsequently abscessed. The abscessation penetrated the gluteals and penetrated the rectum creating a fistula from this organ to the skin.

2. Fractured pedicle

The subject was an imported Danish stag. The deer was yarded with the left side pedicle fractured. The entire velvet was hanging over the deer's forehead. The velvet was removed above the pedicle on the left side and the coronet left hanging. I returned to the clinic for a drill and a 1½" croll screw. This was a bit of an overkill! The coronet was attached by drilling it (easily) and further drilling into the proximal pedicle (easily). The self-tapping screw was firmly screwed through the coronet and into the proximal pedicle (avoiding the brain). Attachment was observed to be secure and alignment correct. The stag was then reversed. That year the stag grew about 30 cm of good regrowth, so the screw probably ended up in Korea!





A button recovered from a deer paddock recently

I've probably done 25 pedicle fractures and now use an ordinary self-tapping screw soaked in meths prior to application. I usually get good stability with one 1½" screw.

Reference

L.C. Welch. Practical tips for deer vets. Deer Course Proceedings No 8, 1991.

3. *Clostridium septicum* infection in yearling deer

This case was attended in association with Kate Frame

Aetiology

In most cases a wound is the portal of entry, and a dirty environment which permits contamination of these wounds is a common source. Clostridia are widespread in the environment and form part of the normal soil and intestinal flora of animals. Clostridial spores can lie dormant in the tissues and germinate after death. The reason rib marrow is recommended as a specimen is that it tends to be the last tissue invaded post-mortem.

Case description

On 2.12.96 the yearling deer were yarded for splitting up into their male and female lines. No velveting took place. On 5.12.96 three male deer were found dead up the fenceline.

Differential diagnosis

- Blood poisoning
- Lightning strike as it had been a day with thunder and lightning.

Post-mortem

The carcass was filled with gas and had rapid decomposition. There was serosanguinous fluid in the thorax and in the pericardial sac. The kidneys were enlarged and had a very dark cortex. The liver was friable and enlarged and the capsule was full of gas.

Laboratory findings

- No yersinia isolated;
- Small numbers of gram-positive bacilli seen (Clostridium-like);
- Fluorescent antibody test positive *Cl Septicum*.

Transmission

Ideally the disease is transmitted by the contamination of deep puncture wounds accompanied by severe trauma. While there was some hard antler present in the mob, there were no puncture wounds evident, but the carcasses were severely bruised.

Pathogenesis

The toxins from clostridial bacteria are absorbed into the bloodstream producing a toxæmia which causes death in 72 hours.

Diagnosis

The diagnosis was based on the post-mortem findings and confirmed at Invermay by the fluorescent antibody test for *Clostridium septicum*.

Advice to Farmer

As the clostridial organisms continue to sporulate in the carcasses and the spores live in the soil, the farmer was advised to bury the carcasses deeply or cremate them.

Prevention/conclusion

From reading the 1984 and 1992 Deer Course Proceedings it is evident that antibody response to clostridial vaccination in deer is low and these antibody levels fall rapidly anyway. So does vaccination protect the deer? There seems to be a low incidence on farms, and are deer really that

susceptible? There is little or no clostridial vaccination of deer in our Northern Southland area and probably corresponds to the fall in value of the hind to its current level. Vaccination of these yearling deer at weaning time would most likely not have protected them against the outbreak as the period of protection would have passed. The outbreak was self-limiting and only three yearling stags died in total.

References

- Seifert D. Post velveting infections. Deer Course Proceedings No 14, p229, 1997.
Mackintosh CG. Vaccines for control, prevention and eradication of disease in farmed deer. Deer Course Proceedings No 9, p92, 1992
Wilson PR. Vaccination of deer, Leptospirosis and Clostridial disease Deer Course Proceedings No 1, p 110, 1984.
CSL. Cattle Clostridial Seminars, 1995.