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RARE CASE OF TENESMUS IN A NON-DESCRIPT DOG DUE TO A PENETRATING FOREIGN BODY

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Tenesmus of gastrointestinal origin in dogs is usually accompanied by pain, cramping and involuntary straining efforts. Tenesmus itself is not a disease and is a clinical symptom of colitis, perianal fistulas, colonic and rectal tumours and even of diarrhoea in dogs (Kahn and Line, 2005). This paper reports tenesmus in a non-descript dog due to a penetrating foreign body in rectal mucosa.

An 8 month old male dog was presented to Teaching Veterinary Hospital, GADVASU, Ludhiana Punjab (India), with primary complaint of continuous straining and attempts to defecate. Anemnesis further revealed that the appetite was normal for first 2 days and then it decreased gradually over last 6 days. On physical examination the dog was alert and vital parameters like rectal temperature, heart rate, respiration rate, capillary refill time were normal. Abdominal palpation and haemato-logical analysis revealed no abnormality. On rectal examination, a cloth sewing needle, about 3.5 cm long, was found piercing the rectal mucosa. The tip of needle was facing the posteriorly. The needle was pushed out of the rectum and was found threaded with a long fine thread of about 20 cm with a 2 cm tuft of threads (Fig. 1). Removal of the needle caused minor rectal mucosa tearing. No other treatment was given to the dog. The dog showed uneventful recovery within a day only.

Tenesmus of gastrointestinal origin usually is associated with inflammatory disease of rectum and anus (Kahn and Line, 2005), but in present case tenesmus was associated with non-inflammatory irritation caused by a penetrating foreign body. Commonly the foreign bodies get lodged in esophagus, stomach and pharynx; and sharp foreign bodies like needles get lodged in palate, tongue or pharynx (Hallstormm, 1970; Ryan and Greene, 1975; Macintire *et al*., 2005), but in present case the needle was unusually logged in rectal mucosa. Absence of abdominal distension/ effusion or systemic signs of illness, ruled out the possibility of gastro-intestinal tract perforation. Further, posterior direction of needle tip and no thread hanging from the anus, ruled out the probability of foreign body being pierced from anus.

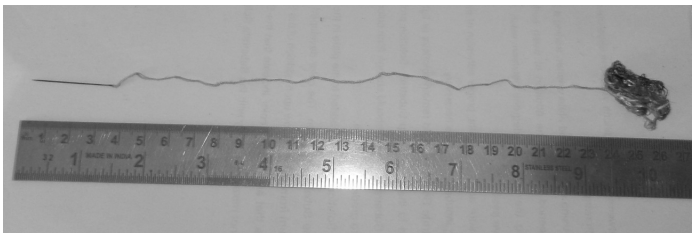

Fig. 1: Cloth sewing needle along with long thread and tuft of threads, removed from rectum of the dog

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