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CASE REPORT

UNILATERAL ORCHIDECTOMY AND SCROTAL ABLATION FOR RECURRENT TESTICULAR ABSCESS IN A HAMSTER

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Abstract

An adult male Golden Syrian Hamster was presented with a recurrent case of abscess involving one of the testicles and the scrotum on the same side. Unilateral orchidectomy was performed as per standard procedure under general anaesthesia using diazepam and ketamine at the rate of 3 and 100 mg/kg body weight respectively. Enrofloxacin was administered post-operatively at the rate of 5 mg/kg body weight orally twice daily for five days. Skin sutures were removed on the eight post-operative day. The animal had an uneventful recovery.

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Introduction

Rodents have testicles which remain intra-abdominal when the ambient temperature is low and descend down into the scrotal sac when the ambient temperature is high. Hence, the chance of these animals suffering testicular injury may be less when reared in regions where the ambient temperature is generally low. Also, it is rare for a rodent kept alone as a pet to sustain testicular injury leading to testicular abscess formation. This paper puts on record a case of recurrent unilateral testicular abscess in a pet hamster reared singly that was treated by unilateral orchidectomy and partial scrotal ablation.

Case History and Observations

A one-and-a-half year old male pet Golden Syrian Hamster weighing 90 grams was presented to the Teaching Veterinary Clinical Complex, CVAS, Pookode, with unilateral enlargement of the scrotum present since one week. The swelling was found to be adhered to the right testicle and the inner scrotal wall. Thick yellow pus was obtained on aspiration after puncturing with a 20G hypodermic needle. There was no history of any injury to the testicles or the scrotum.

Treatment and Discussion

The abscess was lanced with a No. 11 BP blade and the pus completely drained. The cavity was cleaned with tincture of iodine and then packed with gauze impregnated with the same. A course of enrofloxacin (Tab. Bayrocin[®], 50 mg, Bayer CropScience Ltd.) was administered orally at the rate of 5 mg/kg b.wt. twice daily for five days. The condition recurred after one week. Surgical drainage and treatment for the abscess was repeated followed by a course of enrofloxacin at the rate of 5 mg/kg b.wt. twice daily orally for five days. However, the abscess reformed after about one week. Since the condition recurred in spite of repeated surgical drainage of the pus and conventional treatment for abscess, it was decided to perform unilateral orchidectomy with ablation of the affected

half of the scrotal sac.

Anaesthesia was induced with ketamine at the rate of 100 mg/kg b.wt. IM and diazepam at the rate of 3 mg/kg b.wt. IM using an insulin syringe. After placing the animal on dorsal recumbency, the affected half of the scrotum was prepared by plucking the hair and applying tincture of iodine.

An elliptical incision was made on the scrotal skin around the affected testicle. Deep dissection was continued and the affected testicle separated out from the scrotal tissues. The spermatic vessels were ligated in a conventional manner, the spermatic cord was transected distally and the testicle removed. The edges of the skin incision were apposed using No. 2-0 monofilament nylon in a simple interrupted fashion. Post-operative antibiotic treatment was provided with enrofloxacin at the rate of 5 mg/kg b.wt. twice daily orally for five days. The animal had an uncomplicated recovery and the sutures were removed on the eighth day.

Scientific reports on the occurrence of testicular abscess in rodents are not easy to find though there are reports of testicular tumors in most of the laboratory rodents (Bennett, 2012). However, the condition may result following injury to the gonads due to reasons like fighting between male animals. The hamster referred to in this paper was being reared alone as a pet in Wayanad, Kerala, India, which happens to be cool during most parts of the year. The relatively low ambient temperature in the geographical area reduces the chance of such an animal sustaining testicular injury as the testicles remain intra-abdominal most of the time. The exact aetiology for the animal developing the abscess could not be determined in this case.

The abscess showed no signs of healing even though conventional method of treatment was attempted twice making it a must to attempt a more radical surgical approach to cure the condition. Hence, surgical excision of the affected scrotal sac and the testicle was performed. The healthy testicle was retained on request by the owner. The animal had an uncomplicated recovery following the unilateral orchidectomy and scrotal ablation. The anaesthetic protocol used in this case as suggested by Banks et al., (2010) was found to provide optimum anaesthesia for performing the surgery. The induction as well as the recovery from anaesthesia was smooth and fast.

Summary

Successful surgical management of recurrent testicular abscess in a hamster by unilateral orchidectomy and scrotal ablation is reported.

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