



Surgical management of traumatic crop fistula in a hen

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Abstract: A case of traumatic crop fistula in a one year old hen and its successful surgical management has been reported.

Keywords: crop fistula, traumatic, hen

A crop (ingluvies) is a large thin-walled diverticulum, which can store food for a short period of time and in chicken, it is displaced towards the right side of the median plane in front of the furcula on the pectoralis muscle (Greenacre and Morishita, 2014). Crop fistulation mostly results from scalding by food given at high temperatures (Coles, 2008). The present case describes the management of traumatic crop fistulation in a hen.

History and clinical observations

A one year old hen was presented to the college hospital with traumatic injury by an iron rod leading to draining of food grains through open wound on lower cervical oesophageal region. On physical examination, deep cut wound at right cervical region was observed with two openings through and through (Fig. 1) and with pectoralis muscle tear. It was diagnosed as a case of crop fistula and decided for surgical repair.

Treatment and discussion

The hen was anaesthetized with inj. Ketamine hydrochloride (40mg/kg) and inj. Diazepam (1mg/kg). After achieving stable anaesthesia, feathers were plucked manually around the site of wound. The area was thoroughly cleaned with povidone iodine, irrigated with normal saline and prepared for aseptic surgery. Wounded crop was

prepared for reconstruction. Skin between both the openings was incised. Crop was located and demarcated by passing a tube through the mouth. The crop wound was sutured using catgut 2-0 in cushions pattern (Fig. 2). Muscle and skin were closed routinely. Postoperatively, cephalixin @50mg/kg, carprofen @ 4mg/kg, multivitamin (Capsitas) were administered for 5 days and the surgical wound was dressed and bandaged on alternate days till the removal of sutures.

The necrotic debris on wound edges should be cleared of to differentiate crop wall and skin. Further placement of crop tube in place during suturing facilitates visual differentiation of crop mucosa from skin (Coles, 2008). Basha *et al.* (2010) described the surgical management of traumatic wounds on crop in pigeons and also reported that foreign body penetration of the crop wall to be one of the primary non-infectious lesions of the crop, which was observed in the present case. The owner was advised to maintain the hen on soft diet resulted in uneventful recovery and no recurrence was

reported in the follow up period of 3 months.

Summary

A case of surgical management of traumatic crop fistulation has been reported and discussed.

References

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Fig. 1 Through and through opening of crop wound

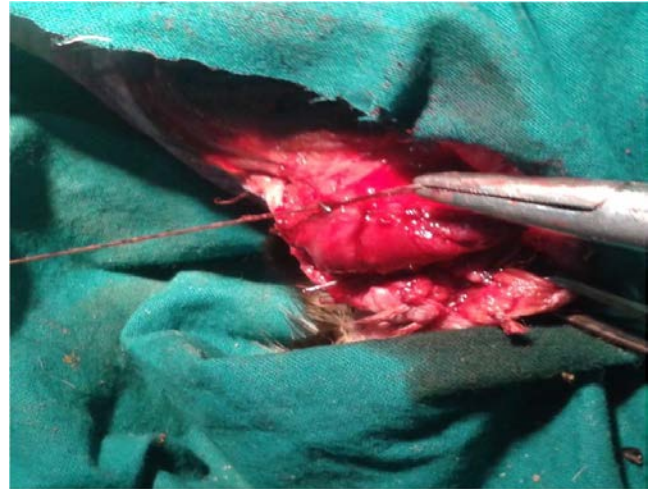


Fig. 2 Photograph showing closing of crop fistula in cushings suture pattern