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Surgical Management of Scrotal Trauma in Rabbit - A Case Report

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Abstract: Mammals are commonly encountered with traumatic injuries resulting in a variety of superficial and deep wounds. The more common open wounds divided in to abrasions, incision, laceration or punctured wound category based on their depth and mechanism of occurrence. Penetrating scrotal trauma is relatively rare. A case of scrotal trauma in a one year old rabbit and its successful surgical management has been reported.
Keywords: Scrotal Trauma, Orchiectomy, Rabbit

INTRODUCTION

Mammals are commonly encountered with traumatic injuries resulting in a variety of superficial and deep wounds. The more common open wounds divided in to abrasions, incision, laceration or punctured wound category based on their depth and mechanism of occurrence. Penetrating scrotal trauma is relatively rare. The location and structure of the scrotum serve to minimize any injury that occurs in many trauma scenarios. The present case reports the surgical management of scrotal trauma in a rabbit.

CASE HISTORY AND OBSERVATIONS

A one year old male rabbit was presented to the Department of Veterinary Surgery and Radiology, NTR College of Veterinary Science, Gannavaram with a complaint of scrotal injury and the same was occurred due to another rabbit bite. Clinical examination revealed unilateral evisceration of left testicle along with spermatic cord (Fig. 1). On diagnosis, it was decided to be managed surgically by performing unilateral orchiectomy with ablation of the affected half of the scrotal sac.

Treatment and discussion

The rabbit was prepared for aseptic surgery and anesthesia was induced with ketamine at the rate of 30 mg/kg b.wt. IM and xylazine at the rate of 3 mg/kg b.wt. IM using insulin syringe. After placing the animal on dorsal recumbency, the affected half of the scrotum was prepared by clipping the hair around scrotum and was cleaned properly with normal saline followed by washing with povidone iodine (5%). 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. 0 silk in a simple interrupted fashion (Fig. 2). The healthy testicle was retained on request by the owner. 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.

Fig-1: Evisceration of left testicle along with spermatic cord

The etiology of penetrating scrotal injuries is varied. They largely stem from violent acts, either self-inflicted or inflicted by others. The most common mechanisms of penetrating scrotal injury are gun-shot wounds and stab wounds, though animal bites and accidental trauma are prevalent as well [4]. As in our case, the etiology of genital trauma was due to animal bite. Additionally, penetrating trauma to the scrotum

often involves adjacent structures [2]. Numerous publications on penetrating scrotal trauma demonstrate that greater than 90% of patients presenting with penetrating scrotal trauma ultimately require operative scrotal exploration, regardless of mechanism of injury [3]. The anaesthetic protocol used in this case as suggested by [2] was found to provide optimum anaesthesia for performing the surgery**.** The induction as well as the recovery from anaesthesia was smooth and fast. The animal had an uncomplicated recovery following the unilateral orchiectomy.

Fig-2: photograph showing rabbit after unilateral orchiectomy

CONCLUSION

Penetrating scrotal trauma requires prompt clinical evaluation and management. Although mechanisms of injury are varied, the vast majority of penetrating scrotal injuries will require surgical exploration.

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