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UNEXPECTED SOFT PALATE HANGING IN A DROMEDARY (A case report With 4 Figures)

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إختناق غير متوقع للهاة الحلق فى جمل

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اجرى هذا التقرير على جمل عمره ١٢ عاما يعاني من تدلى غير عادى للهاة الحلق وكذلك
لناحية واحدة من الشفة السفلية وضيق شديد فى الفتحة الأفقية اليمنى. وقد شخّصت هذه الحالة
على أنها شلل فى العصب الوجهى الأيمن. عولجت هذه الحالة جراحيا وبالعقاقير الطبية.



UNEXPECTED SOFT PALATE HANGING IN A DROMEDARY

SUMMARY

A 12-year old male camel was presented to the clinic, suffering from hanging of the soft palate. Unilateral pendulous of the lower lip. The right nostril was narrower than the left one. The case was diagnosed as unilateral fascial paralysis. Medical and surgical treatment were applied.

INTRODUCTION

Soft palate in male camel is protrusible and forms part of the sexual display during the rut season (WILSON, 1988). The term "dulaa" is referred to the periodic distended part of the soft palate from the oral cavity in male camel (ARNAUTOVIC and ABDEL-MAGID, 1974). The popular term of this condition in Egypt is known as "goola". HIGGINS (1986) stated that during rutting the glandular soft palate (goola) pouch is periodically evaginated noisily out of the side of the mouth where some 25 cm or so may be visible.

Soft palate in male camel may be exposed to some surgical affections as gangrene, injury, submucosal haematoma and focal abscess (GAHALT *et al.*, 1988). Impaction of the soft palate is reported by (BOLBOL and EL-SHAZLY, 1992).

Case report:

A 12-year old male camel was presented to surgery clinic, suffering from protrusion of a balloon like swelling from right oral commissure for about 24 hours (fig. 1). Examination of the swelling revealed that its neck was tensed and pale in colour. The distal part was rounded, congested, oedematous and was bleeding from a perforated wound. Two large blood vessels engorged with blood were observed (fig. 2). Profuse salivation was noticed on the pendulous lower lip, which was hanging down and deviated towards the right side. The tongue was pressed under the neck of the swelling and was protruding and deviated also towards the right side. The right nostril was very narrow in comparison to the left one. The head piece was composed of piece of leather, pieces of ropes and circular metallic pieces. All these pieces were strongly tied, that the circular metallic piece was performing a clear depression with necrosed edges. In the same time the ropes were also pressing strongly on the skin at the course of fascial nerve. During mastication the animal was unable to masticate properly and some of the food drops from the commissures of the mouth. During drinking the animal immerses his whole muzzle inside the bucket otherwise it was

unable to drink. From the previous symptoms, the condition was diagnosed as a peripheral form of fascial paralysis with permanent prolaps of the soft palate pouch. The tongue was pressed under the neck of the swelling.

Surgical resection of the hanged soft palate pouch was indicated. The animal was restrained in the sitting position and sedated with Rompun (Bayer) in a dose of 0.25 mg/Kg. b. wt. intravenously. Local infiltration analgesia using 15 ml xylocaine Hcl 2% was applied around the neck of protruded soft palate. The tongue was grasped toward left oral commissure to prevent its injury during operation. The base of the soft palate was encircled by silk No. 2. ligated by surgical knot. 2 cm below the ligature complete resection of the hanged soft palate was performed. There was no complications during and after the operation (Fig. 3,4). The animal recieved recommended dose of broad specterum antibiotic for 5 successive days post-operatively. Removal of the head pieces were indicated. Massage with compher linament was done daily at the seat of compression. Administration of vit. B complex 10 ml. was given daily together with strychnin injections in a dose of 0.05 mg/Kg b. wt. daily for 7 days. In the first 10 days the animal was fed by hand, then it began to eat alone bit by bit. The case could not be traced because the owner is about 100 Km away from Assiut.

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Fig. 1: Unpopular hanging of the soft palate in a male camel.

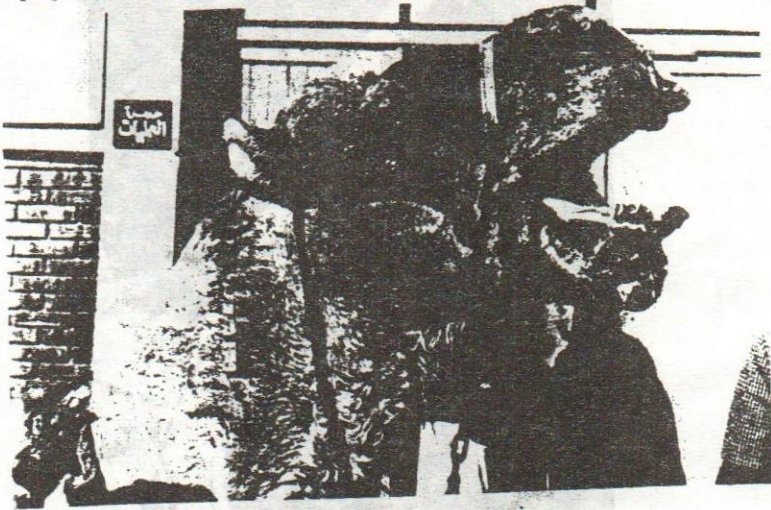


Fig. 2: Congestion and oedema of the protruded soft palate.



Fig. 3: The camel after operation.



Fig. 4: The resected part of the soft palate.

