

PERIANAL FISTULA IN A WHITE TIGER CUB

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Perianal fistula occurs most frequently in mature German Shepherd dogs exhibiting multiple fistulas in the immediate vicinity of the anal ring. Surgery is not always curative and the prognosis is guarded. This paper reports a case of perianal fistula in a white tiger cub and its management by cryotherapy.

A white tiger cub aged about eight months at Nandankanan Zoo exhibited signs of tenesmus, excessive anal licking and anal bleeding. The cub was restrained in a squeeze cage to examine the anal region. The presence of granulation tissue on the columnar zone of anus suggested it to be perianal fistula as described by Christie (1985) in dogs. The tiger was previously treated with a course of Gentamycin Sulphate 100 mg. b.i.d. and daily dressing with Povidone-Iodine lotion with no improvement. Hence it was decided to treat the lesion by cryotherapy.

After restraining the cub in a squeeze cage a petrolatum gauze was introduced into the rectum. Absorbant cotton balls of 1 cm. diameter held with long haemostatic forceps was immersed in liquid nitrogen one after another till the boiling noise of liquid nitrogen stopped. Then the cotton ball was applied over the entire lesion including fistula and anal sacs which stuck to the tissues with ice formation and remained *in situ* till natural thawing occurred. Cryoapplication was done for two freeze thaw cycles of two minutes each within a period of five minutes. No local or systemic antibiotic therapy was given to the cub. The animal made uneventful recovery in 14 days.

In the present case the swab method of cryotherapy for two freeze thaw cycles was successful because it causes no damage to surrounding healthy tissue as described by Lane (1974), Lane and Burch (1975) and Mishra (1997) for treatment of anal furunculosis and anal gland affections. Introduction of petrolatum gauze as done by Krahwinkel *et al.* (1976) and Liska (1980) for anal sac diseases in dog provided added safety to the healthy tissues. The lesion healed in 14 days with no local or

systemic antibiotics. Lane (1974) and Liska (1980) stated that cryotherapy itself has bactericidal action. There was no recurrence of disease up to two years.

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