

A CASE OF MULTIPLE ABSCESSSES IN A BABY ELEPHANT

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The thickness and toughness of elephant skin contribute to the very common problem of subcutaneous abscess formation (Ramiah, 1942). The present paper describes the management of multiple subcutaneous abscesses in a baby elephant of Jenabil Elephant Camp, Similipal.

A captive-born three month-old baby elephant weighing about 100kg at Jenabil Elephant Camp developed multiple wounds at its navel region, left knee joint, area below left ear and sternal region. It was treated with povidone-iodine (Betadine) lotion and a course of parenteral strepto-penicillin (Bistrapen). The wounds healed in a month, with development of two fluctuating swellings one at right stifle joint and other at left carpal joint. The elephant calf was limping in the affected limbs. It was decided to explore the swellings surgically to drain the contents under sedation.

The mother elephant was chained at its legs. The baby was injected with 6mg of xylaxine hydrochloride intramuscularly. After 10 minutes, the calf attained stationery posture with reduced activity of ears and tail. The site of the two swellings were shaved, washed and dried for aseptic surgery. The swellings were then opened with a linear incision and two sterile swabs were taken for culture and sensitivity test. The wounds were flushed with 0.1% potassium permanganate lotion. After drying the pockets, betadine lotion was infused into the wounds. The temperature, respiration and pulse were monitored throughout the sedation period. The calf snored with open mouth breathing; trunk was kept straight and open. The elephant calf was unable to bear its weight after 20 minutes and had to be supported by five persons. DNS 5% 200ml was administered intravenously. Ceftriaxone sodium (Monocef) 4g and chlorpheniramine maleate 10ml was injected intramuscularly. Yohimbine hydrochloride 1.25mg was given intravenously. The calf recovered from sedation within two minutes. Daily dressing

with betadine lotion, cephalosporin powder (Lixen) and parenteral monocef was continued for five days. Thereafter, antibiotic was changed to intramuscular gentamycin sulphate 800mg and tropical ciprofloxacin infusion after sensitivity test for another five days. The animal had an uneventful recovery.

In the present case, restraint of mother elephant with chains was necessary because of strong maternal instinct of elephants which might have caused problems while treating the calf. The trunk was kept open by lifting it straight as elephants can not breath easily through mouth during sedation. Support given to the calf during anaesthesia was done to avoid sternal recumbency which affect normal breathing as suggested by J.V. Cheeran (pers. comm.). The two swellings might have been due to subcutaneous spreading of abscesses instead of pointing or rupturing as stated by Schmidt (1986) in elephants. Surgical exploration, complete drainage of abscess followed by flushing with sensitive antibiotic resulted in healing of the lesions as suggested by Schmidt (1986).

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References

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