and may provoke idiosyncratic dose-unrelated drug reactions like depression, vomiting, diarrhoea etc. However, in this case no such reactions were encountered and probably the fatty meal offered intermittently might have reduced vomiting in this animal.

Use of povidone iodine in the treatment of fungal infections, as carried out in this case was recommended by Adams (1995) and Barragry (1994)

The humidity and confinement-related stress may have contributed to the occurrence of fungal infection in this felid, in addition to the possible stray encounter and contact with the fungus affected rats.

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VET BRIEF **ZOOS' PRINT JOURNAL 21(10): 2441**

FOREIGN BODY OBSTRUCTION OF PHARYNX IN AN ASIAN ELEPHANT *ELEPHAS MAXIMUS*

I. Nath [1], N. Sahoo [2], D.N. Mohanty [3], S.N. Mohapatra [4], S.K. Panda [5], V.S.C. Bose [6] and K.L. Purohit [7]

[1] Associate Professor, [6] Professor, Department of Surgery; [2] Associate Professor, Department of Medicine; [3] Associate Professor & HOD Gyenacology; [5] Assistant Professor, Department of Pathology; Orissa Veterinary College, Bhubaneswar, Orissa 751003, India

[4] Sub-Divisional Veterinary Officer, Keonjhar; [7] Range Officer, Nandankanan Zoo, Bhubaneswar, Orissa, India

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Pharyngeal obstruction by large objects and even moderate-sized plastic bags are encountered in elephants (Fowler, 1986). The present paper reports a case of transverse obstruction of the pharynx by a piece of sugarcane in an Asian Elephant *Elephas maximus*.

An adult free-living cow elephant came from a nearby forest, with limited movement, in the early morning hours of 4 January 2005. The local veterinarian and forest official of Keonjhar division observed her from about 10 feet distance. The animal was unable to swallow the food and was salivating. Efforts made by the animal to drink water forcibly with its trunk were futile as the water flowed out of the mouth. It was decided to tranquilize the elephant for a thorough examination and treatment.

On 9 January 2005 she was darted with a mixture of 250mg of xylazine hydrochloride and 50mg of ketamine hydrochloride. After about 12min the animal stood still with the trunk resting on the ground (Image 1[w]). Blood samples were collected from the ear vein and 10l of DNS were administered in standing condition by holding the saline bottles high with a long stick (Image 2[w]). Examination of the mouth revealed stomatitis. A piece of sugarcane was found to be lodged transversely in the pharyngeal region which was removed by hand. Then the mouth cavity was flushed with normal saline and was painted with boroglycerine. Amoxycillin and cloxacillin - 4g, 5 vials (Intamox - 4g, Intas Pharmaceuticals Ltd.), Novalgin - 30ml, 2 vials (Hoechst India Ltd.), Atropine Sulphate - 0.60mg, 1ml, 10 ampoules and Neurobion - 3ml, 10 ampoules (Merck Lab) were injected parenterally. During the process the animal fell down. Yohimbine hydrochloride 50mg (Antagozil, Troy Lab, Australia) was injected intravenously and the elephant revived immediately from anesthesia. Temperature and respiration rate were 96.5-97 Fahrenheit and 5-6 breaths/minutes respectively which were within the normal ranges. However, forest officials found the animal dead on 11 January 2005. The post-mortem examination revealed pale mucous membranes, atrophy of skeletal muscles and gelatinization of subcutaneous and abdominal fat in some areas. The oral cavity revealed stomatitis with ulceration. The teeth were normal. The gastrointestinal tract was empty with traces of food material. No other gross or histopathological changes could be found in any of the organs. The brain sections were negative for rabies. Hence, the death was attributed to prolonged inanition.

Fowler (1986) stated that elephants die of asphyxiation as a result of entrapment of large foreign objects in the post pharyngeal region causing complete obstruction. In the present case the sugarcane piece was transversely lodged in the pharynx causing restricted swallowing movements. The animal was able to drink some amount of water which kept her living for some days.

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[w] See Images 1-2 in the web supplement at www.zooreach.org

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