FOCUS Insight into Septic Peritonitis

Septic peritonitis, a common cause of abdominal distress associated with high mortality rates in dogs and cats, is often secondary to GI perforation and requires immediate medical and surgical treatment. This retrospective study reported risk factors and outcomes in 55 animals (44 dogs, 11 cats) treated surgically to identify prognostic factors for future treatment. The overall mortality rate was 63.6%, similar to previously published ranges. Patients with a history of antiinflammatory drug administration were likely to have a perforation at the level of the pylorus, although pyloric perforation did not significantly impact survival to discharge. Age, closed-suction drainage, recent previous abdominal surgery, and location of perforation did not impact short-term outcomes.

Commentary

Septic peritonitis remains a challenging surgical and medical condition requiring emergent, intensive, and costly care. Despite advances in critical care interventions, prognosis is always guarded as mortality rates approach 80%. Emergency surgery is indicated after patient stabilization to treat the source of sepsis—often the GI tract. This study supports the previously documented association between antinflammatory administration and pyloric perforation; however, this association did not impact survival. Interestingly, outcome was not affected by any other risk factors evaluated (eg, previous GI surgery, abdominal drain use), although future prospective investigations are required to corroborate these findings.—Jason Bleedorn, DVM, DACVS

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Upper Respiratory Endoscopy in Cats

Cats often present with subtle respiratory signs, including nasal discharge, sneezing, ocular discharge, epistaxis, dyspnea, coughing, gagging, wheezing, decreased appetite, or difficulty swallowing. Feline nasal, pharyngeal, and laryngeal anatomy is similar to that of the dog but more compressed. A 2.7-mm, 30° endoscope in a pediatric cannula allows for a laminar flow of irrigant fluid. A protective arthroscopy sheath is narrow but may be more traumatic and has no operating channel for instruments for foreign body removal. A smaller, 1.9-mm, 30° scope is easier to fit but is more fragile and offers decreased optical quality. A flexible endoscope is useful for retroflexed J-maneuver pharyngoscopy and tracheoscopy, offering 360° visualization of the pharynx. Rostral rhinoscopy allows for visualization of the dorsal and ventral nasal meati. Diode lasers are also useful for endoscopic surgery. Endoscopic approach to the frontal sinus can be done by making a hole in the frontal sinus bone with a drill or trephine. Visual examination of the trachea is accomplished with a flexible fiberoptic 2-way deflection endoscope. Tracheoscopy is also useful in tracheal foreign body removal. Endoscopic examination and minimally invasive surgery is a useful area that is becoming more available with new equipment and technology.

Global Commentary

Feline size prohibits the use of many endoscopes, and cats are particularly sensitive to nasal damage. This review emphasized the importance of screening prospective patients carefully with radiographs and other investigations before attempting endoscopy. This is sound advice: A tooth root abscess cannot be diagnosed with an endoscope. The value of advanced diagnostic imaging is briefly mentioned and, in my experience, is quicker and better than obtaining several radiographic views, including dental radiographs. While only hospitals with large caseloads are likely to use all the techniques described, knowledge of what is possible will be useful to all who treat cats.

Tracheoscopy produces some of the best moments of endoscopy—the coughing cat that turned out to have a fish bone stuck in the trachea was one of the quickest and yet most satisfying cases that we have treated at Glasgow. Once mastered, retroflexing the scope to examine the nasopharynx is a simple and gratifying step for finding inhaled blades of grass. Rhinoscopy is challenging—the mucosal surface bleeds so easily and the pathological changes are frustratingly similar in appearance in many cases. Warnings about the risk for aspiration pneumonia should be heeded by all who attempt this, especially if performing a biopsy.—Ian Ramsey, BVSc, PhD, DSAM, FHEA, MRVCS, DECVIM-CA

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