Perineal Hernias

Perineal hernias result from progressive weakness and ultimate unilateral or bilateral failure of the pelvic diaphragm (ie, levator ani and coccygeal muscles). These hernias can cause defecation strain when fecal matter accumulates in the rectal portion and is displaced through the pelvic diaphragmatic defect. A bulge becomes visible lateral to the tail base.

Bladder displacement can also result in urinary tract obstruction. Several reports suggest that straining mediated by prostatomegaly may contribute to perineal hernia development (see Suggested Reading), but this is not yet proven.

DIAGNOSIS
Perineal hernias occur most frequently in intact male dogs, although cases have been reported in castrated dogs. Female dogs also can develop perineal hernias. However, the reasons for sex predilection of this condition are unclear, as the role of reproductive hormones in the loss of pelvic diaphragm function or integrity is not conclusive.

Definitive diagnosis of perineal hernias is obtained by digital rectal examination. Weakness or partial herniation identified by digital rectal examination suggests that a perineal hernia may subsequently occur.

TREATMENT
Treatment depends on the severity of clinical signs. However, effective long-term treatment requires surgery—typically transposition of the internal obturator muscle. For intact dogs, castration with prostatomegaly is advised, but there is no proof that castration decreases the potential for surgical repair failure.

Synthetic mesh can be used in place of the obturator muscle if the hernia recurs, and a success rate of 85% to 90% has been reported for this procedure (see Suggested Reading). Although a fistula may develop if a suture is inadvertently passed through the anal sac, this can be resolved by passing forceps through and grasping the suture for removal. In my experience, this has not resulted in failure of the surgical repair.

See Aids & Resources, back page, for references & suggested reading.

See Repairing Diaphragmatic Hernia by Drs. Chad W. Schmiedt & Dale E. Bjorling in the March 2006 issue of Clinician’s Brief at cliniciansbrief.com/journal
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VETORYL® Capsules (trilostane)  
10 mg, 30 mg, and 60 mg strengths  
Adrenocortical suppressant for oral use in dogs only

BRIEF SUMMARY (For Full Prescribing Information, see package insert.)

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: VETORYL is an orally active synthetic steroid analogue that blocks production of hormones produced in the adrenal cortex of dogs.

INDICATIONS: VETORYL Capsules are indicated for the treatment of pituitary-dependent hyperadrenocorticism in dogs. VETORYL Capsules are indicated for the treatment of hyperadrenocorticism due to adrenocortical tumor in dogs.

CONTRAINDICATIONS: The use of VETORYL Capsules is contraindicated in dogs that have demonstrated hypersensitivity to trilostane. Do not use VETORYL Capsules in animals with primary hepatic disease or renal insufficiency. Do not use in pregnant dogs. Studies conducted with trilostane in laboratory animals have shown teratogenic effects and early pregnancy loss.

WARNINGS: In case of overdosage, symptomatic treatment of hypoadrenocorticism with corticosteroids, mineralocorticoids and intravenous fluids may be required. Angiotensin-converting enzyme (ACE) inhibitors should be used with caution with VETORYL Capsules, as both drugs have aldosterone-lowering effects which may be additive, impairing the patient’s ability to maintain normal electrolytes, blood volume and renal perfusion. Potassium-sparing diuretics (e.g., spironolactone) should not be used with VETORYL Capsules as both drugs have the potential to inhibit aldosterone, increasing the likelihood of hyperkalemia.

HUMAN WARNINGS: Keep out of reach of children. Not for human use. Wash hands after use. Do not empty capsule contents and do not attempt to divide the capsules. Do not handle the capsules if pregnant or if trying to conceive. Trilostane is associated with teratogenic effects and early pregnancy loss in laboratory animals. In the event of accidental ingestion/overdose, seek medical advice immediately and take the labeled container with you.

PRECAUTIONS: Hypoadrenocorticism can develop at any dose of VETORYL Capsules. A small percentage of dogs may develop corticosteroid withdrawal syndrome within 10 days of starting treatment. Mitotane (o,p’-DDD) treatment will reduce adrenal function. Experience in foreign markets suggests that when mitotane therapy is stopped, an interval of at least one month should elapse before the introduction of VETORYL Capsules. The use of VETORYL Capsules will not affect the adrenal tumor itself. Adrenalectomy should be considered as an option for cases that are good surgical candidates.

ADVERSE REACTIONS: The most common adverse reactions reported are poor/reduced appetite, vomiting, lethargy/dullness, diarrhea, and weakness. Occasionally, more serious reactions including severe depression, hemorrhagic diarrhea, collapse, hypoadrenocortical crisis, or adrenal necrosis/rupture may occur, and may result in death.

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