A case study
Surgical resection of perianal tumorous mass in male Labrador

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Abstract
This tumor was found in 8 year old male Labrador dog. History depicted normal body vitals including temperature of 101.8 °C and pulse of 90/minute except profuse bleeding from that region. On clinical examination, a localized tumorous mass was found between the region of tail and anus with profuse bleeding. In order to differentiate it from canine transmissible venereal tumor (CTVT) the sample material for cytological diagnostics were taken with help of impression smears & cytological impression smears were prepared and stained with Wrights Giemsa for diagnostic purpose. Results were suggestive of presence of normal cellularity, with normal sized nucleus. The dog was operated and the tumorous mass was surgically removed. After surgical resection of the mass, the dog was kept on broad spectrum antibiotics, analgesics, multivitamins along with supportive fluid therapy.

Keywords: dog, perianal tumor, surgical resection

Introduction
Perianal tumor is a rare malignant tumor originated from apocrine gland epitheliums, mostly seen in dogs, between 5-12 yrs of age groups, of different breeds. Perianal glands do not exist in cats [1]. It is most commonly seen in non-neutered dogs & is the third most common tumor type in uncastrated dogs [2]. Perianal gland tumors (adenomas & adenocarcinomas) are more frequently seen in male dogs as compared to females (3). These tumors are located mostly in the skin around anus, but can also be found on tail. These can metastasize to lymph nodes, liver and lungs. It has been found that 95% of perianal gland tumors will disappear after neutering the dog (4). Removing the tumor & castrating the dog at same time will prevent recurrence. Dogs with perianal gland adenocarcinomas should be treated with surgery and the radiation therapy & chemotherapy if necessary.

Materials & Methods
This perianal tumor was found in male 8 years old male Labrador dog, which was referred to Teaching veterinary clinics at the International Institute of Veterinary Education and Research (IIVER), Rohtak Haryana. According the anamnestic data, there were no visible changes in general body condition, except that of profuse bleeding from the region of tumor from last 2 months. The dog had normal behaviour, normal appetite, body temperature of 101.8 °C and pulse of 90/minute. Also the history revealed that the tumorous mass was slowly increasing in size since last 3 years. Upon clinical examination, a localized tumorous mass was found between the region of tail and anus (Figure 1). The sample material for cytological diagnostics were taken with help of impression smears & cytological impression smears were prepared and stained with Wrights Giemsa for diagnostic purpose. Microscopic Cytological evaluation (Wrights Giemsa, 100X) showed normal cellularity with normal sized nucleus that differentiates it from any probability of canine transmissible venereal tumor (CTVT).

The dog was operated and the tumorous mass was surgically removed (Figure 2 (a to e)). Injection Monocel @ 0.5g/kg. Body weight was administered intravenously for five days. Melonex was administered @ 1ml/10 kg Body weight intramuscularly for 3 days along with multivitamin and antihistaminic via same route. Sutures were removed after a period of 14 days.

Results and Discussion
The area around the tumor was clipped and made sterile with surgical scrub after proper restraining of dog. The dog was anaesthetised by a combination of preanaesthetic xylazine (at dose rate of 1.1 mg/kg) and dissociative anaesthetic ketamine (at dose rate 2 mg/kg body
weight) first by intramuscular route followed by intravenous route. The tumorous mass was removed through an incision adjacent to the anal opening around the tumor. After proper curvilinear incision, the tumorous mass was severed from the skin and muscles. The surgical site was sutured using cross mattress sutures. During the whole surgical procedure adequate fluid therapy (20ml /Kg body weight) was maintained. The dog was kept on daily dose of antibiotic (monocet @ 0.5g/kg. Body weight, I/V) for 5 days; Analgesic (Melonex @ 1ml/10 kg Body weight) for 3 days along with multivitamin & antihistaminic therapy. After proper wound healing the sutures were removed after 2 weeks. The owner was suggested to use a restrictive collar for 10-14 days after surgery to prevent the natural tendency of dogs to lick around the wound and stool softening medications was also suggested as a part of postoperative precautionary measure.

Conclusion
Surgery is an effective tool for non-metastatic and non-recurrent perianal tumorous outgrowth in small animals especially dogs. If combined with chemotherapy it can prove beneficial in early diagnosed metastatic tumours as well.

References