

What Is Your Diagnosis?

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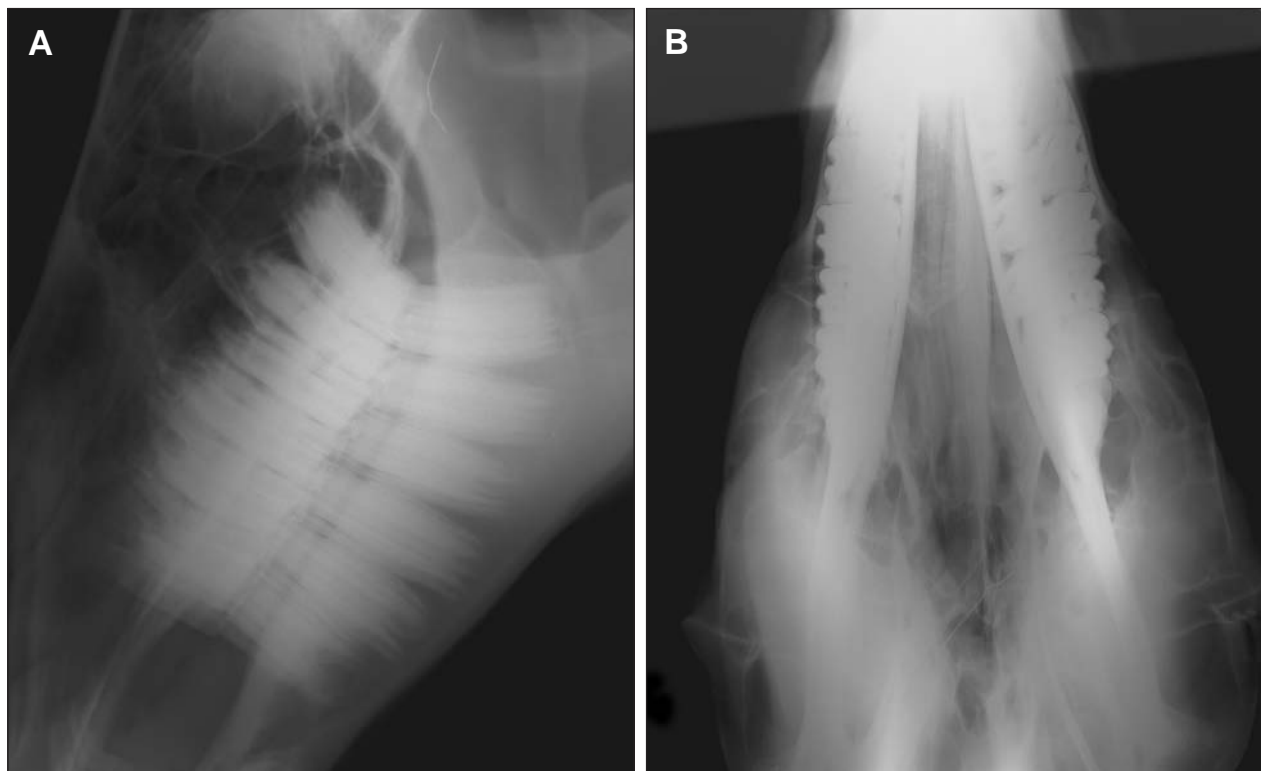


Figure 1—Lateral (A) and dorsoventral (B) radiographic views of the skull of a 10-year-old Hanoverian gelding evaluated for chronic bilateral nasal discharge of unknown duration.

History

A 10-year-old Hanoverian gelding was evaluated for chronic bilateral nasal discharge of unknown duration. Two months before evaluation, an infection in the right auditory tube diverticulum was diagnosed by the referring veterinarian and the horse was treated with enrofloxacin (5 mg/kg [2.3 mg/lb], IV, q 24 h) for 14 days. According to the owner, the nasal discharge decreased but the infection reoccurred after administration of the antimicrobial was discontinued. Physical examination revealed bilateral mucopurulent nasal discharge that became worse when the horse lowered its head. Radiographs of the skull were obtained (Figure 1).

Determine whether additional imaging studies are required, or make your diagnosis from Figure 1—then turn the page →

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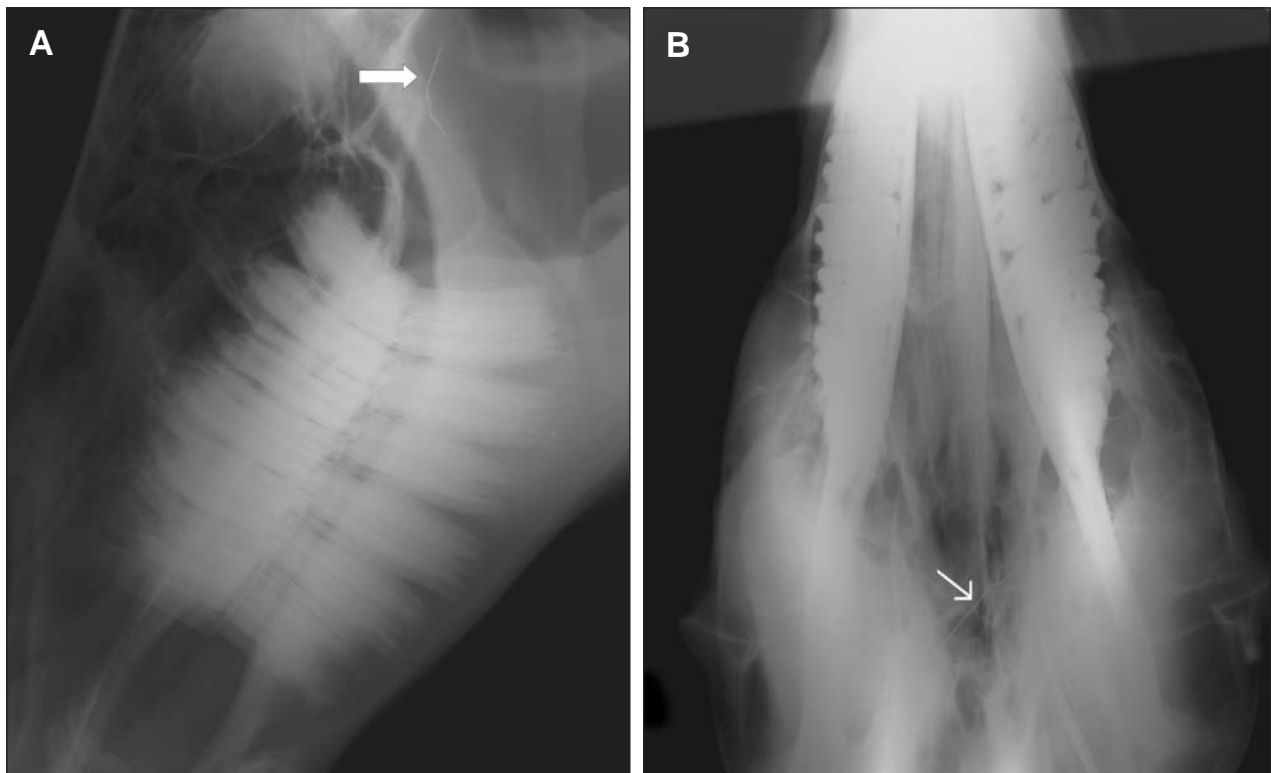


Figure 2—Same radiographic views as in Figure 1. Notice the metallic structure located in the dorsal aspect of the pharyngeal region (arrow).

Radiographic Findings and Interpretation

A metallic foreign body can be seen in the dorsal aspect of the pharyngeal recess (Figure 2).

Comments

Endoscopic examination of the pharynx revealed a metallic structure penetrating both auditory tube diverticuli and secondary reactive granulation tissue at the puncture sites (Figure 3). A straight cutting needle attached to 2-0 black monofilament nylon was retrieved from the dorsal aspect of the pharyngeal recess by use of a 600-mm bronchoesophagoscopic grasping forceps passed through the right nostril with endoscopic guidance during sedation. Fluid samples were obtained from both auditory tube diverticuli and submitted for bacterial culture and antimicrobial susceptibility testing. *Streptococcus equi* subsp *zooepidemicus* was isolated and found to be susceptible to doxycycline, ceftiofur, and chloramphenicol but resistant to enrofloxacin. The horse was treated with doxycycline (10 mg/kg [4.5 mg/lb], PO, q 12 h) for 10 days. Endoscopic examination was performed 45 days after foreign body removal; no abnormalities were detected in the pharynx, and the chronic nasal discharge had resolved.

The origin of the suture needle is not certain, although it was a type commonly used to secure IV catheters. Six months prior to evaluation, the horse had undergone scintigraphic examination at a different referral hospital.

Horses with pharyngeal foreign bodies may have mucopurulent or bloody nasal discharge, swelling or cellulitis in the throat region, dysphasia, and dyspnea.¹ However, in the horse reported here, mucopurulent nasal discharge was the only clinical sign noticed by the owner.



Figure 3—Endoscopic image of the dorsal aspect of the pharyngeal recess in the horse in Figure 1. Notice the metallic structure penetrating both auditory tube diverticuli and secondary reactive granulation tissue at the puncture sites.

Because metallic foreign bodies in the mouth or pharynx usually become buried in soft tissues, they are difficult to detect without radiography.² Endoscopic examination of the pharynx, larynx, and auditory tube diverticuli may add information regarding the location of a foreign body and potential structures affected when foreign bodies are located within the lumen of the upper respiratory tract.²

1. Edwards RB. Diseases of the pharynx. In: Colahan PT, Merritt AM, Moore JN, et al, eds. *Equine medicine and surgery*. Vol 1. 5th ed. St Louis: CV Mosby Co, 1999;491–500.
2. Kiper ML, Wrigley R, Traub-Dargatz J, et al. Metallic foreign bodies in the mouth or pharynx of horses: seven cases (1983–1989). *J Am Vet Med Assoc* 1992;200:91–93.