

Pectus excavatum in a cat: a case report

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ABSTRACT: This case report aims to clinically and radiologically describe a case of feline pectus excavatum and to evaluate the treatment results. An 8-month-old female cat weighing 3.2 kg was presented to the Surgery Clinic, Faculty of Veterinary Medicine, Adnan Menderes University with respiratory distress. Following radiographic and clinical examinations, the condition was diagnosed as pectus excavatum. Surgical correction was performed using a U-shaped external splint. Post-operative thoracic radiography showed that the concavity of the sternum was reduced. The splint was removed five weeks post-surgery. Two months after surgery, the cat was clinically normal.

Keywords: cat; pectus excavatum; external splint; surgical correction

Pectus excavatum (PE) or funnel chest is an uncommon congenital anomaly of the chest wall, characterised by the dorsal deviation of the caudal sternum and associated costal cartilages or a ventral to dorsal narrowing of the entire thorax (Orton 2003; Fossum 2007). The aetiology of the condition is unclear and may well involve multiple causes. Current theories including shortening of the central tendon of the diaphragm, abnormalities in intrauterine pressure and congenital deficiency of the musculature in the cranial portion of the diaphragm (Shires et al. 1988; Fossum et al. 1989; Boudrieau et al. 1990). This defect has been previously reported in dogs (Ellison and Halling 2004; Rahal et al. 2008; Singh 2013) and cats (Risselada et al. 2006; Yoon et al. 2008; Mestrinho et al. 2011) but it is considered to be an uncommon abnormality. The main clinical signs are respiratory distress, exercise intolerance, coughing, cardiac murmur or cyanosis dependent on the severity of the disease (Shires et al. 1988; Fossum et al. 1989; Boudrieau et al. 1990). Diagnosis is based on clinical and radiographic examination, with identification of the sternum deformity and decreased caudal thoracic space (Orton 2003). Treatment for pectus excavatum varies from conservative to surgical depending on the degree of deformity and significance of clinical findings (Ellison and Halling 2004). This case report aims to clinically and radiologically describe the case of feline pectus excavatum and to evaluate the treatment results.

Case description

The study was performed on an 8-month-old female cat with a body weight of 3.2 kg presented to the Surgery Clinic, Faculty of Veterinary Medicine, Adnan Menderes University with respiratory distress. Medical history revealed that the respiratory distress had persisted for a long period of time and also uncovered a murmur sound during respiration. Blood values were within physiological ranges. Clinical examination revealed a marked inward deformity in the caudal sternum. Thoracic radiographic examination revealed a dorsal displacement of the caudal sternebrae (Figure 1A). Frontosagittal index (FSI) and vertebral index (VI) values were calculated as previously described (Fossum et al. 1989). The FSI value was 1.5 (reference interval 0.3–1.3) and VI value was 6.5 (reference 12.6–18.8). A diagnosis of PE with marked dorsal deviation of the caudal aspect of the sternum was made (Figure 1B). Due to its young age, a decision was made to treat the cat using a U-shaped external splint. Preoperatively, a U-shaped, two-sided splint made of PVC material was prepared by making holes at 1 cm intervals to include the sternum (Figure 2A). The patient was positioned in dorsal recumbency under general anaesthesia. Sutures (1 polypropylen, Ethicon, USA) were passed under the internal surface of the sternum starting from the caudal xiphoida (Figure 1B).

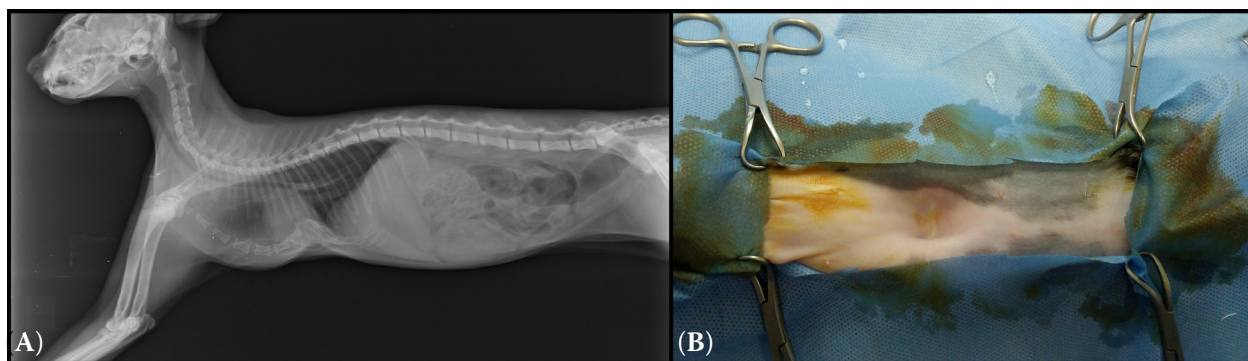


Figure 1. (A) Preoperative lateral radiographic view; (B) dorsal deviation of the caudal aspect of the sternum

Sutures ends were left long and tagged with mosquito haemostats (Figure 2B). All stay sutures were passed through the holes on the splint using an 18-gauge needle and then tied securely. The edges of the splint were padded. A bandage was applied lightly to cover the splint and changed every week. Cefazolin sodium (Iespor® I.E Ulagay, Turkey, 25 mg/kg, intramuscularly) was given for 10 days post-operatively and meloxicam (Bavet Meloxicam®, Bavet, Turkey 0.2 mg/kg subcutaneous), analgesic for five days post-operatively. The respiratory distress improved after the operation. The splint was removed five weeks post-surgery. After removal of the splint, normal thoracic depth was observed in physical and radiographic examinations (Figure 2C). Frontosagittal and vertebral indices were 1.2 and 10.6, respectively.

DISCUSSION AND CONCLUSIONS

Pectus excavatum (PE) represents a depression in the anterior chest wall resulting from a dorsal deviation of the sternum (Singh et al. 2013). The diagnosis of PE is based on thoracic shape and radiographic changes. Objective assessment of the deformity may be determined by measuring

the frontosagittal and vertebral index on thoracic radiographs. This determination may aid in the objective assessment of improvement of thoracic diameters after surgery (Fossum 1989; Cho et al. 2012). In the present case report, preoperative and postoperative frontosagittal and vertebral indices were determined to be 1.3, 6.8 and 1.5, 10.6, respectively. The radiological measurements in this case were indicative of moderate to severe PE.

The skeletal deformity in PE necessitates surgical repair to allow the cardiopulmonary system to return to normal function. Three types of surgical repair for PE have been described in cats and dogs: external splinting (Fossum et al. 1989; McAnulty and Harvey 1989; Crigel and Moissonnier 2005), internal splinting (Soderstrom et al. 1995; Risselada et al. 2006) and longitudinal sternebral pinning combined with external splinting (Crigel and Moissonnier 2005). In young cats, the costal cartilages and sternum are flexible and the thorax can be reshaped by applying a permanent traction to the sternum with an external splint (Fossum et al. 1989). The goal of this technique is to pull the sternum outward, keeping it in that position until ossification and bone maturation occurs. In the external splinting type, mouldable splinting material is used to contour a U-shaped or V-shaped splint (Rahal

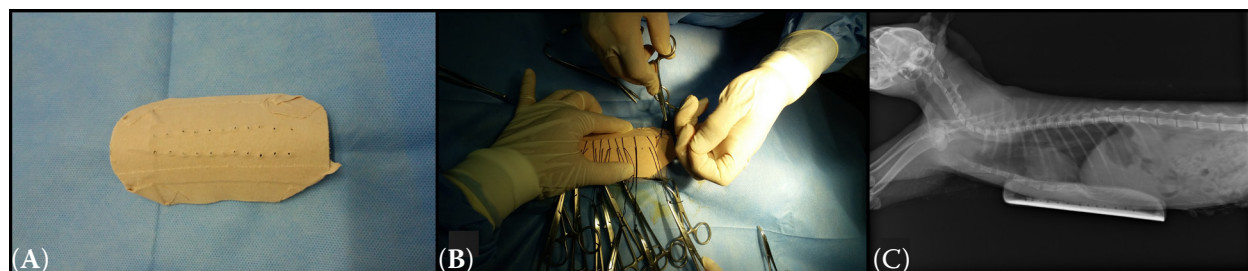


Figure 2. (A) The U-shaped, two-sided splint made of PVC material; (B) intraoperative view; (C) postoperative lateral radiographic view

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et al. 2008). In the present case report, a U-shaped external splint made of a PVC casting material was used. Prior to surgery, the U-shaped external splint was contoured to the normal shape of the cat's thorax. The cat was positioned in dorsal recumbency. Sutures were placed around the sternum. Suture ends were passed through the holes of the external splint and tied to the splint. The splint was left in place for five weeks. The respiratory distress improved substantially after the operation. The most frequent intraoperative complications reported were damage to the internal thoracic vessels, heart, or lungs during the passage of the needle around the sternum (Singh et al. 2013); fatal re-expansion due to pulmonary oedema (Soderstrom et al. 1995); and postoperative skin abrasions, suture abscesses, and dermatitis (Fossum et al. 1989). In our case, dermatitis and suture abscesses were observed. These regions were controlled regularly. During these controls, the region was cleaned with an antiseptic solution. The splint was removed five weeks post-surgery. Two months after surgery, the cat was clinically normal. In conclusion, this case report describes the successful surgical correction of pectus excavatum using a PVC external splint in the cat.

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