

SUCCESSFUL MANAGEMENT OF TRAUMATIC KERATOCONJUNCTIVITIS IN A GOAT - A CASE REPORT

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ABSTRACT

A four months old Jamunapari goat was presented to Veterinary Hospital, Bhoiguda with clinical signs of ocular discharge and blepharospasm. On examination of the eye, the animal was found to have conjunctival hyperemia with associated edema and corneal opacity, hence the condition was diagnosed as keratoconjunctivitis. The successful treatment of the case is discussed in the present case study.

Keywords: Eye, keratoconjunctivitis, blepharospasm

INTRODUCTION

Keratoconjunctivitis is characterized by unilateral or bilateral inflammation of conjunctiva and cornea with moderate to severe hyperaemia, epiphora, blepharospasm, photophobia and subepithelial corneal neovascularization. Keratoconjunctivitis may be due to infectious causes or may also be due to trauma. Infectious keratoconjunctivitis (pink eye) may be due to *Mycoplasma* spp, *Moraxella bovis*, etc. (Abdullah *et al.*, 2014, Barile *et al.*, 1972 and Ojo *et al.*, 2009.). Trauma may occur due to exposure to bright sunlight, dusky hay

and dust blown into eyes by wind or during transport in open vehicle. Another cause is entropion. Infectious keratoconjunctivitis has been treated with different antibiotics like tetracyclines, procaine penicillin, given as parenteral, subconjunctival and local ophthalmic applications (Abdullah *et al.*, 2014 and Barile *et al.*, 1972). Anti-inflammatory medication was done using flunixin meglumine. Most of the animals were reported to have recovered within five days but this disease lead to temporary or permanent blindness in some animals and many animals in the flock were affected and the animals also had pyrexia.

MATERIALS AND METHODS

A four months old Jamunapari goat was presented to Veterinary Hospital Bhoiguda, with clinical signs of ocular discharge and blepharospasm. On examination of the eye the animal was found to have conjunctival hyperemia with associated edema and corneal opacity, hence the condition was diagnosed as keratoconjunctivitis (Fig. 1). The goat otherwise had normal appetite and the rectal temperature was 103° F. It was treated with Inj. Cefotaxime @ 10 mg/kg I/M BID for 7 days, Inj. Placentex 2 ml

S/C on alternate days, Inj. Meloxicam @ 0.2 mg/kg I/M SID and chloramphenicol ophthalmic ointment applied QID for 10 days.

RESULTS

The goat recovered completely within 2 weeks. The symptoms disappeared over a period of one week and the corneal opacity also cleared and by 10th day the cornea had mild opacity with vascularisation at 12 o'clock position (Fig.2), which was probably the site of original injury which lead to the inflammation leading to keratoconjunctivitis. By 14th day the cornea became completely clear (Fig. 3).

DISCUSSION

Keratoconjunctivitis in goats may be due to infectious or traumatic causes. The present case was diagnosed as traumatic keratoconjunctivitis as the goat was the only animal affected in the flock. Vascularisation is a normal component of reparative process which, in the case of cornea disrupts the corneal architecture resulting in opacification and reduced vision and is due to superficial corneal disease (Gellatt *et al.*, 2014). The goat also had normal temperature and was otherwise active. Inj. Placentrex was added to the standard antibiotic and anti-inflammatory medication, as the placental extract is known to accelerate cellular metabolism, providing energy for the inflammatory response to occur. It also aids in absorption of exudates by controlling formation, removal of unhealthy tissue by debridement and management of bacterial load that are required for good wound bed preparation. It stimulates tissue regeneration processes (Chakraborty and Bhattacharya, 2012).

SUMMARY

The present case study puts on record the clinical signs and the treatment of traumatic keratoconjunctivitis in a Jamunapari goat.



Fig. 1. Showing the eye at presentation.



Fig. 2. Showing the eye on 10th day.



Fig. 3. Showing the eye after 2 weeks.

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