

FOREIGN BODY WITH SECONDARY PNEUMOTHORAX IN A COLLARED ANTEATER (TAMANDUA TETRADACTYLA)

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RESUMO

The southern tamandua (Tamandua tetradactyla) is one of the seven anteater species found in Brazil. Traumatic injuries are common pathological findings in this species due to accidents, and intraspecific and interspecific aggression. In a smaller scale, foreign bodies causing tissue lesions were described in free-ranging anteaters, allegedly caused by termite parts or nest material. In captivity, there are reports of ingestion of a variety of perilous materials, such as glue, cement, rat poison, dye, plastic, peat and others, associated to clinical signs of discomfort to death. The aim of this report was to describe a case of pneumothorax secondary to a foreign body puncture wound in the esophagus and trachea of a southern tamandua. A young male, weighing 7kg, was referred for apathy and skin injuries after being attacked by dogs in a rural property. One deep laceration and associated exposure of muscle tissue was found in the right flank and other minor abrasions throughout the body. Hematologic and ultrasonographic exams were performed. Ultrasonography revealed a discrete enteritis and hematology showed mild anemia (HT 29.7%) and leukocytosis (15,300/ μ L) with neutrophilia (14,000/ μ L) and lymphopenia (900/ μ L). Treatment with benzathine penicillin (40,000UI/kg q48h), meloxicam (0.2mg/kg q24h) and tramadol (1mg/kg q12h) was initiated. One week after arrival, a moderate dyspnea was noticed. Nebulization with aminophylline was attempted, however the dyspnea worsened, and the patient died the next day, followed by necropsy. On necropsy, a hemorrhagic area at the intrathoracic portion of trachea and esophagus was found. Within the coagulum, there was a sharp solid material of approximately 5mm length. There was subcutaneous emphysema in the neck and cranioventral thorax. Additionally, there was air within the mediastinum and the lungs were slightly atelectatic with adjacent emphysema. The intestinal mucosa was mildly hyperemic with discrete enteritis, and a cestode parasite was found in the duodenum. This report describes a case of traumatic esophageal and tracheal injuries presumptively associated to the ingestion of a small sharp material in a free-ranging lesser anteater housed for medical treatment. There are few reports of foreign bodies in the digestive tract of free-ranging lesser and giant anteaters (Myrmecophaga tridactyla) causing glossitis, duodenitis or gastritis. Gastrointestinal obstructions due to ingestion of hairballs, sand, wood chips and plastic have also been described in captive giant anteaters. However, there are no reports of esophageal foreign bodies causing pneumopathies in these species. We assume that the ingestion of the material, which may be a piece of wood, happened when the animal was exploring the enclosure, since there were no signs of respiratory distress on arrival. It is supposed that due to its sharpness, it perforated the esophageal and tracheal walls, allowing subcutaneous and mediastinal air accumulation. Due to their highly exploratory behavior, anteaters need an extra attention regarding the physical items available in the enclosure to avoid the undesirable ingestion of foreign bodies, which could be fatal depending on the affected organ and extension of lesions.

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