INTRODUCTION

A haematoma is the accumulation of blood perivascularly in the subcutaneous, subserosal, intermuscular or intramuscular connective tissue due to a lesion in a blood vessel. A hematoma is extravasations of blood outside the blood vessels, generally the result of haemorrhage (Higgins and Wright, 1999). Minor injuries occur routinely and the body is usually able to repair the damaged vessel wall by activating the blood clotting cascade and forming fibrin patches. Sometimes the repair fails if the damage is extensive and the large defect allows for continued bleeding. As well, if there is great pressure within the blood vessel, for example a major artery, the blood will continue to leak and the hematoma will expand (Evans, 1998).

Case History and observations

A twelve year old Thoroughbred mare was brought to the Emergency and Critical Care Unit with the history of fall down during riding, limping of left hind leg and severe swelling on the thigh region for the past one week. Clinical examination revealed that the animal had weight bearing lameness on left hind leg, pain evinced on palpation at the site of the swelling and uniform fluid fluctuation in the subcutaneous layer (Fig-1). Physical parameters like temperature, pulse, respiration and appetite were normal. Based on history clinical examination and anatomical location the case was diagnosed as subcutaneous haematoma.

Treatment and Discussion

The site of haematoma was prepared aseptically and 10 cm of linear incision was made on ventral side (Fig-2). About twelve liters of blood tinged fluid was drained out and about 500 Gms of blood clots were removed. Then the cavity was flushed with diluted providone iodine and obliterated with povidone iodine gauze. The animal was treated with Inj. Streptopenicillin 10 mg / kg b.wt I / M (5 days), Inj. Esgipyrin 10 ml I/M (5 days), Inj. T.T 5ml (SD) and the wound was dressed daily. After fourteen days of treatment the wound was completely healed and animal recovered successfully (Fig-3). Haematomas start out soft and firm up as they get older. That’s because the swelling starts it fill with blood clots, fibrin and various kinds of cellular debris from the

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initial insult, gradually changing the feel of the swelling from water balloon to gel. By the time a hematoma is ready to open, it has basically become a seroma, which is a swelling full of serum. The opening should be at the most ventral aspect and large enough to remove the fibrin (chicken-fat) clot (Briggs, 2008. Radostits et al. 2006).

Fig: 1 – Haematoma of left hind leg

Fig: 2 – Linear incision on ventral side

Fig: 3 – After recovery
REFERENCES


