

# A CASE OF CYSTIC ADENITIS AND PROLAPSE OF NICTITANS GLAND IN A PUP

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Prolapse of nictitans gland is commonly seen in breeds like Bulldog, Chihuahua, Cocker Spaniel, Beagle, Pekingese, Neopolitan Mastiff and Basset Hound (Daniel, 2005). It may result from weakness at the connective tissue attachment between nictitating membrane and periorbital tissue (Severin, 1996 and Schoofs, 1999). This allows the gland which is normally located ventrally, to flip up dorsally, where it enlarges and get inflamed and appear as red mass in medial canthus. It can be either unilateral or bilateral, and occurs before 2 years of age (Dugan *et al.*, 1992 and Morgan *et al.*, 1993). Tear production will be fluctuating initially and then subnormal (Morgan *et al.*, 1993). If the prolapsed gland is massaged along

with ocular drops, then it results in accumulation of inflammatory fluid and turning it into cystic adenitis. If untreated, chronic conjunctivitis and ocular discharge may occur (Dugan *et al.*, 1992).

Atwo months old female Labrador Retriever pup was presented with a history of swelling near the medial canthus in right eye and excess lacrimation for past 15 days. It had been undergoing treatment with Ofloxacin and Flurbiprofen eye drops, along with massaging of the swollen part. The animal was apparently healthy on clinical examination, except for the swelling at the medial canthus. The swelling on the medial canthus was slightly larger than a pea nut and was protruding from behind the nictitans

**Fig.Cystic adenitis and prolapse of 3<sup>rd</sup> eyelid**



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membrane. It was pinkish red in colour, smooth on its surface and partly cystic in appearance. The condition was diagnosed as cystic adenitis and prolapse of the nictitans gland. Aspiration of the cyst was resorted to.

The dog was administered with atropine @ 0.02 mg/kg IM followed ten minutes later by induction of anaesthesia with 1% w/v of Propofol IV "to effect". The cystic nictitans gland was then aspirated aseptically with a hypodermic needle. The aspirate appeared watery in consistency. There was immediate reduction of the size of the inflamed gland, following aspiration. Post-operatively, cephalixin (PHEXIN KID-TAB, GSK Pharmaceuticals) @ 20 mg/kg PO b.i.d. was given for five days along with topical ocular instillation of moxifloxacin drops (HIMOX Eye Drops, Hi Care Pharma, Chennai) one drop thrice daily, for five days. Follow-up check up after two weeks revealed excellent results.

To conclude, massaging of the mildly protruded nictitans gland induces further inflammation and also cystic changes, thus aggravating the condition. Hence this should be avoided.

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