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Abstract
A case report of 13 months old Shih Tzu male dog, weighing about 6 kgs was presented to the Veterinary clinic with the condition of Bilateral Cherry Eye and the condition was corrected surgically by using Morgan’s pocketing technique. The dog was recovered without any complication and none of the eyes of the dog showed recurrence for a period of 5 months.

Keywords: Dog, Cherry Eye, Morgan’s pocketing technique

Introduction
Cherry eye is protrusion of gland of third eye lid characterized by glandular swelling at the medial canthus, hyperemia and increase in gland volume. Breeds such as Neapolitan Mastiff, Cocker Spaniel, Pekingese, bull dog, beagle and basset hound are more prone to this pathological syndrome [3]. The main cause of prolapse is weakening of supportive ligament that fixes the gland [6]. Abrasion and drying of exposed gland results in secondary inflammation and swelling [7]. The present case report describes successful surgical correction of bilateral cherry eye condition by using Morgan’s pocketing technique.

History and Diagnosis
A 13 months old Shih Tzu male dog, weighing about 6 kgs was presented to the Veterinary clinic with history of pink colored mass protruding from medial canthus of both the eyes (Fig. 1). This condition was existed for the past 15 days and dog was in great stress for the 4 days due to severe irritation, photophobia and epiphora. Clinical examination revealed that the respiration and pulse rate were within the normal range and slightly elevated body temperature (104°F). After careful examination of the both eyes the case was diagnosed as Bilateral Cherry Eye and it was subjected to correct then condition surgically by using Morgan’s pocketing technique.

Surgical procedure
The dog was prepared for surgery after aseptic preparation of peri-orbital area. The dog was preanesthetised with atropine sulphate @ 0.04 mg/kg, Xylazine hydrochloride @ 1 mg/kg and maintained with combination of Ketamine hydrochloride and Diazepam @ 5 mg/kg and 0.5 mg/kg respectively. The dog was positioned in sternal recumbence and both the eyes were flushed with normal saline. In Morgan’s pocket technique, two parallel incisions i.e. bulbar and palpebral conjunctival surface were made on either side of prolapse gland and bases of the incisions were joined with a simple continuous suture using 3/0 catgut (Fig.2). Anchoring on the external side of eyelid is necessary to avoid irritation of cornea by suture ends [4]. After the surgical procedure, both eyes were treated topically with ophthalmic antibiotic drops (Ciprofloxacin 0.3%) 4 times daily for 5 days postoperatively. The dog was monitored for clinical signs of Kerato-conjunctivitis sicca (KCS), which include mucopurulent discharge, corneal vascularization. None of the eyes of the dog showed recurrence for a period of 5 months (Fig. 3).
year of age\textsuperscript{1}. Surgical repositioning procedures performed to preserve the gland include orbital rim anchoring, sclera anchoring and most recently the pocket method. The current Morgan’s pocket technique is preferred for replacement of third eyelid gland. In this method, the gland is gently sewn back in to the place where it can resume tear production\textsuperscript{2}. This technique of surgical repositioning of gland is simple to perform and has a greater success rate with fewer complications, also it does not alter the tear production or the morphology of the third eyelid gland ducts. Overall, the success rate and client satisfaction makes the pocket technique, a preferable procedure for repositioning of prolapse of the nictitating membrane gland in dogs.

**References**


**Discussion**

Third eyelid gland produces 30\% of total tear production\textsuperscript{5} and in case of excision, cornea may become dry i.e. Keratoconjunctivitis sicca (KCS) which is determined by the schiermer test. Replacement technique is more preferred in small breeds and young animals particularly less than one