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Chemical immobilization and radiographic diagnosis of spinal and pelvic injury in an Indian crested porcupine: A case report

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Abstract

An adult Indian crested Porcupine (*Hystrix indica*) was rescued and brought with the history of automobile accident while crossing road. The rodent was found to be active and aggressive with lacerated wound all over the body and unable to bear weight on its both hind legs. The Porcupine was chemically immobilized with ZoletilTM 50 (Tiletamine and Zolzepam) @ 8 mg per kg body weight intramuscularly and subjected to whole body radiograph after immobilization. Radiography revealed multiple bilateral pelvic fractures with complete dislocation and over ridding of third lumbar vertebrae. The Porcupine was recovered from chemical immobilization smoothly after 32 minutes without any complication. The present case discussed about the chemical immobilization using tiletamine and zolezepam along with radiographic diagnosis of spinal and pelvic injury in an Indian crested Porcupine.

Keywords: Indian crested porcupine, chemical immobilization, zoletil, radiography, pelvic fracture

1. Introduction

The Indian crested Porcupine (*Hystrix indica*) is a hystricomorph nocturnal rodent species native to Southern Asia and the Middle East. It is listed as Least Concern on the IUCN Red List. It belongs to the Old World Porcupine Family ^[1]. The Indian crested Porcupine is a large rodent, weighing 11-18 kg ^[2]. The length of the animal measures between 70 to 90 cm, with the tail adding an additional 8 to 10 cm ^[3]. It is covered in multiple layers of modified hair called quills. The quills are flexible, brown or black with alternating white and black bands and are made up of keratin ^[3]. Contrary to popular belief, Indian crested Porcupine cannot shoot their quills ^[1].

ZoletilTM 50 (Virbac Animal Health India Pvt. Ltd,) is an injectable anaesthetic consisting of mixture of tiletamine and zolezepam in an equal ration (125 mg each). Tiletamine is a dissociative anaesthetic agent that produces analgesia and anesthesia ^[4]. Zolazepam is a benzodiazepine that contrasts the convulsive seizures associated with tiletamine and provide adequate muscle relaxation ^[4]. Chemical immobilization is a common practice for the management and handling of wildlife ^[4, 5]. The tiletamine-zolazepam mixture has been widely used for chemical immobilization of wild mammals, including rodents ^[6-11], due to its short induction time, good muscle relaxation, smooth recovery with few convulsions, and minimal effect on respiration ^[4].

An adult Indian Porcupine measuring 76 cm length and weighing 12.5 kg was brought to the Veterinary Clinical Complex, Veterinary College and Research Institute, Tirunelveli, Tamil Nadu, India with the history of run over by a vehicle while crossing the road early in the morning at the Kalakaddu Mundanthurai Tiger Reserve forest range of Tamil Nadu, India. The animal was active and aggressive with lacerated wound all over the body and unable to bear the weight on its hind legs.

2. Materials and Methods

The Indian Crested Porcupine was chemically immobilized with Zoletil[™] 50 at the dose rate of 8 mg per kg body weight deep intramuscularly as recommended by Massalo *et al.* 2003 ^[12] after restraining the animal securely with gunny bags (Figure 1).

Clinical examination of Porcupine revealed the adult male had lacerated wound behind the base of left ear; left medial shoulder joint, back region and inguinal region (Figure 2 and 3) and swelling and crepitation on either side of the pelvis.

The Porcupine was subjected to whole body radiograph in lateral, ventrodorsal and frog sitting position (Figure 4).

3. Results and Discussion

The animal showed signs of head resting the ground within 30 seconds of ZoletilTM 50 administration (Figure 1). Initially staggering gait was noticed followed by head resting and lateral recumbency in 2 minutes of ZoletilTM 50 administration. The muscle relaxation was assessed by jaw tone and found to be adequate and the depth of anaesthesia was assessed by pinching of digits using artery forceps and found to be in surgical plane of anaesthesia. This concurs with the findings of Massalo *et al.* 2003 ^[12]. The heart rate and respiratory rate was 85 beats per minute and 14 breaths per minute, respectively. There were no much complications like vomitus, salivation or catalepsy during entire period of anaesthesia. The immobilization losted for 28 minutes, after that an additional maintenance dose of ZoletilTM 50 at the rate of 4 mg per kg body weight was given intramuscularly.

Radiographic finding revealed bilateral ilium and pubis fracture (Figure 5) with dislocation and over ridding of third lumbar vertebrae (Figure 6) over second lumbar vertebrae (Figure 6). The lacerated wounds were cleaned with 5 per cent povidone iodine, sutured with polyamide size 2-0 and dressed with gamma benzene hexa chloride ointment. The Porcupine was administered with inj. ceftriaxone tazobactum at the dose rate of 10 mg per kg and inj. Dexamethasone sodium at the dose rate of 2 mg per kg intramuscularly. The animal was advised to keep in cage rest in a cool dark environment and oral antibiotics, steroids and neurotonics were advised. Oral mineral and vitamin supplements were provided to reduce the stress and calcium requirement for quill growth. The Porcupine was recovered completely from anaesthesia after 93 minutes without any evidence of convulsion or excitement



Fig 1: Resting the head to the ground after ZoletilTM 50 injection



Fig 2: Lacerated wound beneath the base of right ear



Fig 3: Lacerated wound at medial shoulder joint and ventral thorax



Fig 4: Whole body radiograph in frog sitting position



 $\textbf{Fig 5:} \ \textbf{Bilateral ilium and pubic fracture}$



Fig 6: Third lumbar vertebrae dislocation

4. Conclusion

In conclusion, single intramuscular injection of ZoletilTM 50 at the dose rate of 8 mg per kg i.m. provided adequate amount of deep anaesthesia and muscle relaxation required for clinical examination and radiographic examination and to perform treatment without any untoward anaesthetic complication. The time for induction of anaesthesia was not more than 2 minutes and recovery from anaesthesia took about 93 minutes. Whole body radiography was beneficial to establish a confirmatory conclusion and further medical management.

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