

*Short communication***NAIL AVULSION IN A CAMEL-A CASE REPORT****Amit Sangwan¹, Garima Choudhary² and Rajendra Yadav³**^{1,3}Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar, Haryana, India²Department of Animal Husbandry Dairying, Haryana, India

Camels are often used for draft or race purposes, which predisposes foot to injury. Camels are taken for open pastures, which may also lead to punctured foot or other foot injuries. Foot disorders and their surgical management in camels have been reported previously (Singh and Gahlot, 1997; Singh et al., 1980; Gahlot, 1984; Gahlot and Chauhan, 1992). However, foot disorders related to the nails of the foot are scarcely reported (Singh and Gahlot, 1997). Present communication deals with the successful surgical management of a case of avulsion of the nail in a dromedary camel.

Case history and treatment

A five year old male camel was presented at Haryana Pashu Vigyan Kendra, Mahendragarh (regional centre of Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar) with a history of avulsion of the nail in the medial toe of the left forelimb (Fig 1) one week ago due to injury while pulling a cart. The camel had severe pain and could not bear weight on the affected limb. The affected toe

was soiled in the sand and appeared as an infected wound. Surgical resection, aseptic bandaging, and proper postoperative care were done, and the animal attained appreciable functionality. It was decided to resect the nail which was caudally attached to coronet.

The animal was kept off feed (for twenty-four hours) and off water (for twelve hours) prior to surgery. The animal was sedated using xylazine at a dose rate of 0.4 mg/Kg body weight, intravenously. Local anesthesia was achieved using 2% lignocaine hydrochloride. After cleaning the wound, the discolored toenail was resected at its caudal attachment to the coronet. The wound was debrided, and povidone-iodine was applied, followed by bandaging of the wound. A gunny bag was wrapped around the foot to protect it from soil contamination. The bandage was changed every alternate day for the first fifteen days for the next 15 days. The animal was administered oxytetracycline @ 5mg/kg wt intravenously for five days and meloxicam 0.2 mg/kg. wt. Intramuscularly for three days, postoperatively.



Fig 1. Severely injured medial toe nail of left forelimb.



Fig 2. The fully grown medial toe nail 48 weeks post-operatively.

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The animal started proper weight bearing and working on the affected limb after one week, but the completely new nail with full strength became evident after one year, postoperatively (Fig 2).

Results and Discussion

The majority of foot affections found in camels are in the age group 5-10 years. However, the animal in the present report was 5 years old. The special anatomy of the foot of a camel permits it to walk through sandy and rough terrains (Bligh *et al*, 1976). The nails in camels are not traumatised so often. Hence reports could not be more detailed on this anatomical part of the foot. However, Singh and Gahlot (1997) have reported avulsion of the nails in camels, and possible etiology ascribed was infection and inflammation of traumatised coronary band. However, in the present case, the most likely etiology was infection and inflammation at the coronet. The treatment in the present case of avulsion of nails was in line with that reported by Singh and Gahlot (1997). However, it was observed in the present case that the formation of a new nail took more than 48 weeks, and keratinisation started from the coronet region. The lameness disappeared within one week of the avulsion, comparable with the hoof avulsion in cattle (Greenough *et al*, 1981). More clinical studies are needed to understand the etiology and treatment of this rare clinical entity.

Conflicts of Interest

The authors declare no conflict of interest.

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