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Surgical management of lacerated wounds and rehabilitation of a rescued Indian rock python (*Python molurus*): A case report

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David Abraham⁴ and Syam K. Venugopal⁵ University Veterinary Hospital, Kokkalai, Thrissur – 680 021 Kerala Veterinary and Animal Sciences University, Kerala, India

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Abstract

An injured Indian Rock Python, rescued by the Forest Department of Kerala, was presented to the University Veterinary Hospital, Kokkalai, Thrissur. The lacerated wounds were cleaned and sutured under local anaesthesia. The post-operative care was given in the rescue centre of the Forest Department and the snake was released into the wild on complete wound healing.

Keywords: Python, lacerated wound, rescue

Indian Spectacled Cobra (*Naja naja*) and Indian Rock Python (*Python molurus*) are the two commonest encounters during a wildlife rescue in the northern districts of Kerala as their large size and their threatening display nature makes them more visible when encountered. Indian Rock Python (30.1%) was the most common rescued non-venomous snake in Kannur district of Kerala (Roshnath, 2017). In snakes, most of the rescue cases arose when they had entered a house or its premises, which sometimes may not be in need of a rescue but to prevent it being killed, rescuers are forced to translocate them to a safe habitat away from human habitations. Fear of snakes, lack of awareness and knowledge about snakes among the public are the main reasons leading to forceful rescue and translocation of common snakes. High number of snakes being encountered and rescued in each district of Kerala makes it difficult for the rescue team and there is a huge demand for skillful snake rescuers and temporary snake shelters in each district (Roshnath and Jayaprasad, 2017). This challenge has been undertaken by the Dept. of Forests & Wildlife, Kerala, employing trained snake rescuers and the process is being documented in a centralized database maintained at the Forest Head Quarters in Thiruvananthapuram. Healthy rescued snakes are

- 3. PG Scholar, Department of Veterinary Surgery and Radiology
- 4. Assistant Forest Veterinary Officer, Thrissur Forest Division, Dept. of Forests & Wildlife, Kerala
- 5. Professor and Head
 - *Corresponding author email: reji@kvasu.ac.in

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^{1.} Assistant Professor, TVCC, College of Veterinary and Animal Sciences, Mannuthy, Mobile:9745055033

^{2.} Assistant Professor, Department of Veterinary Surgery and Radiology

rehabilitated on the same day of rescue, while necessary treatment and care are provided to the injured ones, which are then kept in snake shelters for post-operative care. One such case of rescue and rehabilitation of an injured python is presented here.

An Indian Rock Python (*Python molurus*) was injured by the wire blade of a weed



Fig. 1. The laceration on cranial part of the body on presentation



Fig. 2. The sutured cranial longitudinal wound



Fig. 4. Radiograph of wound areas





Fig. 5. Ultrasonograph of wound areas



Fig. 6. The post-operative appearance



Fig. 7. Complete healing of wounds on day 10 before release into the wild

cutter in the Madakathara region of Thrissur district in Kerala. The forest officials rescued the snake and brought it to the University Veterinary Hospital, Kokkalai. It weighed 5.0 kg and had a length of around six feet. On physical examination, two lacerations, approximately 10.0 cm in length, were observed, on the cranial third of its body. The cranial wound was a linear laceration injuring the skin and the dorsal musculature (Figure 1). The caudal wound was more wedge shaped having a similar depth as the cranial wound. The wounds were soiled and had grass burrs sticking on to the exposed muscles. The wounds were cleaned with normal saline and povidone iodine. The sticking burrs were picked with artery forceps. The snake was physically restrained and local infiltration anaesthesia was administered subcutaneously using 2% lignocaine. On closer examination it was observed that the longissimus dorsi, spinalis, semispinalis and iliocostalis muscles (Cundall, 1987) were involved in the trauma. The muscles were apposed using 2/0 polyglactin 910 sutures in simple continuous pattern and the skin was sutured with simple interrupted sutures (Fig. 2 & 3). The wound areas were subjected to radiography (Fig. 4) and ultrasonography (Fig. 5), to rule out any fracture or soft tissue damage. Fractures or gross abnormalities were not detected on the dorso-ventral radiographs of cranial and caudal wounded area. On ultrasonography, it was noted that the cranial wound was located at the level of the heart and a normal three chambered heart could be visualized on the ultrasound scan. A dressing pad soaked in povidone iodine was placed over the suture line and bandaged (Fig. 6). Long acting enrofloxacin was administered intramuscularly @ 4 mg/kg. The python was transferred into the bag and transported to the wildlife rescue centre maintained by the Forest Department in Akamala, Thrissur district. The python was housed in a wooden box of 10 x 3 x 3 ft with dry leaves as bedding material and with ad libitum supply of drinking water. The post-operative antibiotic was repeated after 72 hours. The sutures were monitored daily and a povidone iodine spray was applied topically for a period of ten days. The wound healed uneventfully (Fig. 7) and the python was released into the forest on the tenth postoperative day.

Earlier Choudhury *et. al.* (2008) reported that among the rescued pythons, 31.57% had lacerations of the skin and abdominal muscles and these snakes were restrained using physical/chemical methods for the medical management of such wounds. The authors routinely used a similar procedure to treat such lacerated wounds under ketamine anaesthesia, using catgut and braided silk as

the suture material. Devanand *et. al.* (2018) reported a similar case with rib fracture and a lacerated wound which was treated under ketamine and sevoflurane anaesthesia. The authors applied a double layer of sutures using polyglactin 910 for the muscles and nylon for the skin. In the present case, the local anaesthesia gave satisfactory results and snake was active by the end of the procedure. The use of synthetic absorbable sutures for the muscles and skin promoted the healing process without any complications.

Summary

An adult Indian Rock Python was rescued having sustained lacerations due to a weed cutter. The wounds were cleaned, sutured with polyglactin 910 and bandaged. It was given post operative antibiotics and kept under observation in a rescue centre for 10 days before releasing it into the forest.

Conflict of interest

The authors declare that they have no conflict of interest.

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