VREDNOTENJE HEMATOKRITA IN SRČNEGA UTRIPA MED MEDIKAMENTOZNO IN OPERATIVNO ZDRAVLJENIMI PRIMERI KOLIK PRI KONJU

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The majority of equine colic episodes resolve spontaneously or after medical treatment (80% - 85%) (1), but early decision of surgical vs. medical treatment is of imperative importance for survival of surgical colic cases. Horses requiring surgical treatment may be identified by certain physical examination and laboratory variables that provided the best predictive value. One study identified four variables (HR (heart rate), peritoneal fluid total protein concentration, blood lactate concentration and abnormal mucous membrane) during examination of 165 horses admitted for colic that were significant and entered into the model to calculate a colic severity score(2).In a case-control study in 4 groups of colic horses the ability to differentiate between surgical and medical treatment of colic horses with measurement of pretreatment/preoperative HR and PCV (packed cell volume) was assessed. Based on previous studies, which have found an association between HR or PCV and the colic severity score our hypothesis was that the PCV would be higher in horses requiring small intestinal surgical intervention than in horses requiring large colon surgery and in horses requiring medical treatment.

One hundred-twenty-five horses admitted to the teaching hospital were included. Twenty-nine were classified as requiring surgery for small intestinal strangulation obstruction and thirty-two for large colon displacement/evacuation and lavage, others were medical treated. An association between the need for surgical treatment in horses with small intestinal strangulation obstruction with more than 5 hours of colic duration prior admission to the hospital and a high PCV was found. In the early admitted group of horses (less than 5 hours of colic duration prior admission) with small intestinal strangulation obstruction no different in PCV measurement and medical treated group of horses was found.

1. Tinker MK, White NA, Lessard P, e tal. Prospective study of equine colic incidence and mortality. Equine Vet J 1997;29:448-53

2. Furr MO, Lessard P, White NA. Development of a colic severity score for predicting the outcome of equine colic. Vet Surg 1995;24(2):97-101.

Evaluation of packed cell volume and heart rate in medical versus surgical treated colic horses

80 – 85% kolik pri konju se reši spontano ali z medikamentoznim zdravljenjem (1), vendar je zgodnja diagnostika medikamentoznega oziroma kirurškega zdravljenja posameznega primera ključnega pomena za preživetje konja, ki potrebuje kirurško zdravljenje. Primere

ki potrebujejo kirurško zdravljenje se lahko diagnosticira na podlagi določanja kliničnih parametrov in laboratorijskih preiskav, ki zagotavljajo najboljšo napovedno vrednost. Študija, ki je na podlagi pregleda 165 konj napotenih na zdravljenje zaradi kolike ugotovila signifikantno spremenjeno vrednost štirih parametrov (srčni utrip, koncentracija skupnih proteinov v peritonealni tekočini, koncentracija laktata v krvi in abnormalna barva sluznic) je te parametre vključila v model za izračun jakosti kolik(2).Z raziskavo primerov štirih skupin konj zdravljenih zaradi kolike smo ugotavljali možnost razlikovanja med kirurškim oziroma medikamentoznim zdravljenjem konj s pomočjo merjenja hematokrita in srčnega utripa pred zdravljenjem oziroma pred operacijo. Na podlagi raziskav, kjer je bila ugotovljena povezava med srčnim utripom in hematokritom in jakostjo kolike pri konju je bila naša hipoteza, da je hematokrit višji v primerih, ki potrebujejo kirurško zdravljenje tankega črevesja kot v primerih, ki potrebujejo kirurško zdravljenje debelega črevesja in v primerih, ki so zdravljeni medikamentozno.

V raziskavo je bilo vključenih 125 konj, ki so bili napoteni na zdravljenje kolike na Veterinarko fakulteto. Devetindvajset je bilo primerov, ki so potrebovali kirurško zdravljenje zaradi strangulacijske obstrukcije tankega črevesja, dvaintrideset primerov pa je potrebovalo kirurško zdravljenje zaradi premika/praznenja ascendentnega kolona, ostali primeri so bili zdravljeni medikamentozno. Ugotovljena je bila povezava med višino hematokrita in potrebo po kirurškem zdravljenju konj s strangulacijsko obstrukcijo tankega črevesja, pri katerih je čas trajanja kolike pred napotitvijo na kliniko presegal 5 ur. Med skupinama konj s strangulacijsko obstrukcijo tankega črevesja, kjer čas trajanja kolike pred kirurškim posegom ni trajal več kot 5 ur in medikamentozno zdravljenimi konji nismo ugotovili razlike v višini hematokrita.