

## TRAUMATIC FACIAL WOUND IN A NILE MONITOR

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The Nile monitor (*Varanus niloticus*), also called Water leguaan, is a large member of the monitor family (Varanidae). They grow to about 1.2-1.8m in length. They have muscular bodies, strong legs, and powerful jaws. The teeth are sharp and pointed in juvenile animals and become blunt and peg-like in adults. They also possess sharp claws used for climbing, digging, defence or tearing at their prey. Like all monitors they have a forked tongue with highly developed olfactory properties. Their distribution is centred around water as can be seen from this map of Africa.



Distribution

Their nostrils are placed high on the snout, indicating that these animals are highly aquatic, but are also excellent climbers and quick runners on land.

This adult monitor, approximately 4 years old, weighing 2.6kg, was picked up next to the road, no further history

was available. Multiple head wounds were visible of which the most extensive was a wound penetrating and exposing the right hand frontal sinuses, extending caudo-ventrally into the mouth and one extending from the right hand external ear canal to the medial side of the commissure of the jaw.

The wounds gave the appearance of attack trauma and possibly could have been caused by bites from a dog or wild animals. The wounds were already old, with about 1mm of granulation tissue inside the wound.

The principles of wound management are the same as in small animals, but in wild animals that are sometimes difficult to handle or observe it can be more challenging. It was decided to manage wound healing by second intention as this was already an old and contaminated wound. The disadvantage of this type of healing is the increased risk of fly strike and myiasis.

The wound was cleaned using F10SC, diluted 1:500. Swabs were soaked in the F10 Germicidal Barrier Ointment and packed inside the wound in the sinuses and in the commissure of the jaw.

The risk of fly strike and myiasis was overcome by keeping the reptile indoors in a large cage, away from any risk of

flies being attracted to the wound. The swabs were replaced daily for the first few days. Then they were replaced every third day. No systemic antibiotics were given.

After three weeks of treatment, we wanted to get the reptile outside in the sun. We used F10 Germicidal Barrier Ointment with Insecticide in the wounds. This was to prevent fly strike. The animal was kept in our clinic for about 5 weeks.

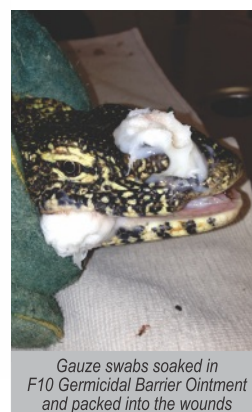
During the initial hospitalisation period, he was tube fed with a high calorie tinned food that could easily pass through a long avian crop needle. He drank water sufficiently. During the later stages of hospitalization, he was offered whole, raw chicken eggs and minced beef, which in the beginning he didn't eat, but then started to take it easily.

He was sent to Freeme rehabilitation centre in Fourways, near Johannesburg. There he stayed a few more weeks after which he was successfully released back into the wild. He was also seen again a few weeks later, doing extremely well.

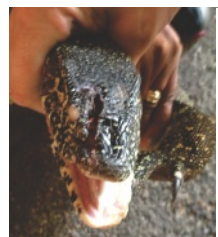
F10 Germicidal Barrier Ointment with Insecticide made it possible to keep the animal in an outside environment where he was much happier and eating much better by himself.



Nile monitor (*Varanus niloticus*) presenting with traumatic facial wound



Gauze swabs soaked in F10 Germicidal Barrier Ointment and packed into the wounds



Wound after 3 weeks of secondary intention healing



Wound packed with F10 Germicidal Barrier Ointment with Insecticide before sending it to Freeme

WOUND MANAGEMENT AND FLY STRIKE

SMALL ANIMAL & EXOTICS