

Esophageal Blockage in a Captive Asian Elephant

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Introduction

There are more than 5000 captives elephants in Myanmar of which over 3000 are owned by Myanma Timber Enterprise, a state owned enterprise. In 2016, the Myanmar government imposed an embargo on timber extraction. Before stopping timber extraction, most captive elephants were used for logging, some for carrying baggage and a very few for tourism.

Currently a few captive elephants are used in tourism business but most are out of work. Consequently the owners need help to provide health care for their elephants. Therefore, Myanma Timber Enterprise collaborated with international NGOs to set up Mobile Elephant Clinic. There are three mobile elephant clinics in Myanma Timber Enterprise, which provide care for state owned as well as private elephants. The Mobile Elephant Clinic teams do regular trips to elephant camps to conduct health checkups, provide medication to sick and injurious elephants, de-worming and vaccination. Additionally training of mahouts in foot care of elephants is also done.

Here we report on a case of esophageal blockage of a Forest Department owned elephant used for transportation at a famous pagoda within the Alawdakathapa National Park.

Case history

On 5th February 2018 an emergency telephone call was received from Dr. Myo Min Aung, the veterinarian in charge of the Sagaing region, indicating the problem. The elephant concerned was a male named Ye' Aung, 15 years old. According to the elephant classification of

Myanma Timber Enterprise based on ages, he was a 'trained calf', which means he could only be used for transportation.

Clinical signs

- Elephant vomited whatever he drank or ate.
- He appeared to want to eat and tried to swallow. However he could not swallow and it resulted in vomiting.
- The oral colour was pale and the body weight was decreasing based on body condition score.

Cause and treatment

On 6th February 2018, we went to the Alontawkathpa National Park. When we arrived there, it was dark and we were only able to check the general condition, body temperature and behaviour of the elephant. The body temperature was nearly normal (around 34.5°C) and he vomited every 2–3 minutes after eating or drinking.

Based on our experience, we thought that it could be due to esophageal blockage with food. He could not eat for 3 days, so the body condition was poor and we decided to give supportive treatment consisting of dextrose saline (1000 ml) every 5 h for his water and electrolyte loss and multivitamin (80 ml).

The next day at 7:00 am, we again did a general check up (Fig. 1) and put in a mouth-gap instrument made by us, into the elephant's mouth (Fig. 2) and examined the upper alimentary tract by palpation (Fig. 3). A very hard mass was felt inside the throat. We removed the mass and found it to be a bolus consisting of a mixture of sugarcane and rice, weighing 1.6 kg (Fig. 4).



Figure 1. Mobile Elephant Clinic team observing the behaviour of the sick elephant.

After removal of the bolus, Ye Aung started drinking water and eating. After 2–3 hrs, defecation, and urination was observed and his behaviour became normal.

Anazin C (vit C+ diplone+ analgesic) 30 CC per day was given for 4 days intramuscularly (diplone for increasing peristaltic movement). In addition, the local veterinarians gave antibiotics (Pen Strep – 50 ml twice a day intramuscularly) and supportive treatment (multivitamin – 50 ml twice a day intramuscularly) for 4 days.

The pagoda is situated within the Alontawkathpa National Park and is visited by many pilgrims. The elephants receive food from the pilgrims. During the summer, the elephants at Alontawkathpa



Figure 2. Mouth-gap instrument fitted to the elephant's mouth.



Figure 3. Examination using the mouth-gap instrument.

National Park have to walk in the morning and afternoon, transporting pilgrims to and fro from the festival at the pagoda. As a result they cannot eat properly and are very hungry. When they finish working, they go to the pasture and consume food very fast.

As it was the dry season the sick elephant was probably dehydrated and there was very little water content in the food. The food probably became obstructed due to the dryness and rapid ingestion.

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Figure 4. Old digester removed from elephant's throat.