

Electrocution management in a Langur (*Semnopithecus entellus*)

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Abstract

A Langur was brought to the Centre for Wildlife Forensic and Health, Jabalpur with history of electrocution. Animal was dull, depressed, semiconscious with body temperature of 99.2°F. The electrocution was managed effectively with fluid therapy and life saving drugs.

Keywords: Electrocution, burn management, langur, electric shock.

Introduction

Common langur is highly vulnerable to electrocution by electric wires because of their habit of jump, play and movement in human dwellings in search of food. Electric injuries lead to severe systemic disturbance and massive local tissue injuries (Slatter, 1993). The type of injury and extent of an electric injury is determined by voltage, current strength, resistance to flow duration of contact with source (Price and cooper, 2002). These injuries can lead to cutaneous necrosis and deep necrosis of soft tissue. For the survival of animal emergency and critical care is essential.

Case History

In this communication report, emergency case of electrocution in common langur is presented. A female langur of approximately 1 year brought to the OPD CWFH, Jabalpur by forest officials with history of electric shock.



Fig. 1: Langur under shock and showing very less response to external stimuli

Clinical Examination

Clinical examination revealed semi consciousness with burn mark on perineal region and inner aspect of right thigh. Animal was under shock and showing very less response to external stimuli (Fig. 1), with temperature of 99.2°F and slight increase in respiration. Quick emergency step were taken to save life of animal.

Treatment

Treatment was initiated with intravenous infusions (DNS) 200 ml, injection of Dexona vet^a 1.5 ml I/V for recovery from electric shock and to stabilize the patient. The wound were cleaned and antiseptic dressing was done with betadine ointment. After 2 hour condition of animal become more stable, body massage was given as physiotherapy to improve the body circulation then inj intacef^b 500 mg I/M, inj melonex^b 2ml I/M and inj tribivet^b 2.5 ml I/M. On 2nd day, clinical examination revealed that all the vital parameter were within the normal range with better and stable condition of animal, treatment was repeated with less amount of fluid (DNS 100 ml I/V) and antiseptic dressing was repeated with previous follow up of parenteral therapy. On 3rd day animal was in good condition fully conscious, showing effective response to external stimuli and taking milk and water orally.

Discussion

The injuries due to electrocution are common in rhesus monkeys (Singh *et al.*, 2003). Common Langur wandering in search of food and water have chances to get electrocution injury. Electric current passing through the animal body may cause coma and death, if the current is sufficiently strong. In the present case we started with intravenous infusion of dextrose normal saline and corticosteroid along with antibiotic coverage to prevent the local and systemic sepsis. Fluid support is critical and corticosteroid plays an important role in condition of shock it enhances blood pressure and there by accelerates cardiac output. The cell membrane are stabilized as such prevent spilling of myocardial depressive enzyme (Ogbum, 1971). Electrocution following accidental injury can be successfully managed by emergency treatment (Kashyap *et al.*, 2011).

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