

**EXHIBIT 3**

**Iatrogenic Segmental Gangrene**

**2 pages**

**Still Photos of Ruth's Right Ear**

**3 photos**

	<a href="#">Wildpro</a>	<a href="#">Species</a>	<a href="#">Chemicals</a>	<a href="#">Physical</a>	<a href="#">"How to..."</a>	<a href="#">Diseases</a>	<a href="#">Environments</a>	<a href="#">Refs &amp; Gloss.</a>	<a href="#">Help</a>	
---	-------------------------	-------------------------	---------------------------	--------------------------	-----------------------------	--------------------------	------------------------------	-----------------------------------	----------------------	---

## DISEASE SUMMARY PAGE

## Iatrogenic Segmental Ear Gangrene in Elephants and Lagomorphs



Summary Information	
Diseases / List of Miscellaneous / Metabolic / Multifactorial Diseases / Disease Summary	
Alternative Names	<ul style="list-style-type: none"> <li>Iatrogenic sloughing of the ear</li> </ul>
Disease Agents	<p><b>In Elephants</b></p> <ul style="list-style-type: none"> <li>Irritant drugs inadvertently injected perivascularly when using the ear veins to give an intravenous injection. (B10.49.w21, J196.72.w1, P64.1.w2, W580.Aug2005.w1)</li> </ul> <p><b>In Lagomorphs</b></p> <ul style="list-style-type: none"> <li>Necrosis of the pinna tip or part of the ear can occur sometimes following:</li> <li>Catheterisation of the auricular vein or artery               <ul style="list-style-type: none"> <li>This may be due to phlebitis caused by administration of irritant solutions or medications; aggressive taping of the ear; or mechanical irritation due to the catheter itself.</li> </ul> </li> <li>Injection of irritant drugs into the marginal ear vein</li> <li>Taking blood from the central auricular artery.</li> </ul> <p>(B600.3.w3, B601.2.w2, B602.14.w14, B606.17.w17)</p>
Infectious Agent(s)	-
Non-infectious Agent(s)	<ul style="list-style-type: none"> <li>Irritant drugs:</li> </ul>
Physical Agent(s)	-
General Description	<p><b>In Elephants</b></p> <ul style="list-style-type: none"> <li>Perivascular administration of some drugs when injecting into the ear veins may lead to necrosis and sloughing of the affected portion of the ear. (B10.49.w21, D301.3.w3, J196.72.w1, P64.1.w2, W580.Aug2005.w1)               <ul style="list-style-type: none"> <li>Segmental gangrene and sloughing of a portion of the ear has been recorded in two elephants following intravenous injection of <b>phenylbutazone</b> into the auricular vein. (J196.72.w1)</li> <li>Sloughing of the skin of the ear has been reported following injection of concentrated (5%) thiopental</li> </ul> </li> </ul>

	<p>sodium. (J329.10.w1, P64.1.w2)</p> <ul style="list-style-type: none"> <li>◦ Segmental gangrene and sloughing has been seen following injection of glucose into an ear vein. (B16.18.w18)</li> <li>◦ Thrombophelbitis occurred in the ears of two elephants following injections of hypertonic calcium solution, leading to development of holes of 10 -25 cm diameter in the affected ears. (B214.3.7.w3)</li> </ul> <p><b>Clinical signs</b></p> <p><b>In Elephants</b></p> <ul style="list-style-type: none"> <li>• Phlebitis/thrombophlebitis at the injection site. (B214.3.7.w3, J196.72.w1)</li> <li>• Necrosis and sloughing of the affected area of the ear. (B16.18.w18, J196.72.w1, J329.10.w1, P64.1.w2)</li> </ul> <p><b>In Lagomorphs</b></p> <ul style="list-style-type: none"> <li>• Ischaemic necrosis, sloughing of the ear tip or part of the ear. (B600.3.w3, B601.2.w2, B602.14.w14, B606.17.w17)</li> </ul>
Further Information	<p><b>Prevention</b></p> <p><b>In Elephants</b></p> <ul style="list-style-type: none"> <li>• <u>Phenylbutazone</u> should be given orally to elephants. (J196.72.w1)</li> <li>• In case of intravenous administration of irritant solutions, a dilute solution should be injected slowly into the ear vein via an intravenous catheter rather than a needle. (B10.49.w21, B23.77.w12, J196.72.w1, W580.Aug2005.w1) <ul style="list-style-type: none"> <li>◦ Use light sedation of the elephant to prevent the elephant from struggling or flapping its ears. (B10.49.w21, W580.Aug2005.w1)</li> </ul> </li> <li>• Alternatively, a leg vein may be chosen for injection rather than an ear vein. (B10.49.w21, D301.2.w2, W580.Aug2005.w1)</li> </ul> <p><b>In Lagomorphs</b></p> <ul style="list-style-type: none"> <li>• Care should be taken to avoid perivascular administration when injecting medications into this vein because many drugs are irritant and sloughing of the pinna may occur. (B606.17.w17)</li> </ul>
Associated Techniques	<ul style="list-style-type: none"> <li>• <u>Arterial Catheterization of Rabbits (Techniques)</u></li> <li>• <u>Intravenous Injection and Catheterisation of Rabbits (Techniques)</u></li> <li>• <u>Environmental Assessment</u></li> <li>• <u>History &amp; Documentation</u></li> <li>• <u>Physical Examination of Mammals</u></li> <li>• <u>Necropsy of Mammals</u></li> <li>• <u>Clinical Pathology of Lagomorphs</u></li> <li>• <u>Treatment and Care</u></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Environmental and Population Management</b></li> <li>• <b>Preventative Medicine for Mammals</b></li> <li>• <b>Chapter 2 - B36 Field Manual of Wildlife Diseases - Specimen Collection and Preservation</b></li> <li>• <b>Chapter 3 - B36 Field Manual of Wildlife Diseases - Specimen shipment</b></li> <li>• <b>Appendix A - B36 Field Manual of Wildlife Diseases - Sample specimen history form</b></li> </ul>
Host taxa groups /species	<p>Further information on Host species has only been incorporated for species groups for which a full Wildpro "Health and Management" module has been completed (i.e. for which a comprehensive literature review has been undertaken). Host species with further information available are listed below:</p> <ul style="list-style-type: none"> <li>• <b>Elephants (<u>Elephantidae - Elephants (Family)</u>)</b></li> <li>• <b><u>Elephas maximus</u> - Asian Elephant</b></li> <li>• <b><u>Loxodonta africana</u> - African Elephant</b></li> <li>• <b><u>Oryctolagus cuniculus domesticus</u> - Domestic European rabbit</b></li> </ul> <p>(List does not contain all other species groups affected by this disease)</p>
Disease/Author	Dr Debra Bourne MA VetMB PhD MRCVS (VW5)
Referees	

[Return to top of page](#)







