

Challenging Cases: Zippity's Story

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One afternoon, I received a frantic call from a colleague, requesting my immediate help for one of her patients. Zippity, a 3 year old Bichon, had been having increased difficulty breathing over the past few months. Today however, Zippity could hardly breathe.

She was gasping for air despite being kept in an "oxygen cage." This is a special cage enriched in oxygen we use for patients who are suffocating. Whereas room air contains 21% oxygen, an oxygen cage provides about 50% oxygen. That still wasn't enough to help.

An X-ray of the neck revealed a large mass located in the larynx or voice box. The suspicion was that the mass blocked most of the airway. Emergency surgery was likely her only hope. Zippity's owners agonized over what to do. As soon as they decided to proceed with surgery, I rushed to the clinic and we got to work.

There were a few challenges here, which I discussed with the owners. The first one was anesthesia, which requires placing a tube into Zippity's trachea or windpipe. Normally, this is not a difficult procedure, but it turned out that the mass filled about 75% of the larynx. Inserting the tube took not one, but three doctors to accomplish.

The second challenge was the surgery itself. The

agreement with the owner is that we wouldn't try anything heroic, such as removing the larynx. We would remove as much of the mass as we could, while preserving the nearby fragile structures such as the windpipe, the esophagus, the jugular vein, carotid artery and important nerves.

The golden rule of cancer surgery (we had to assume cancer in this case) is to remove 1 or 2 inches of healthy tissue in every direction: above the tumor, beneath it, to the left and to the right. Clearly, it was impossible in the vicinity of the larynx if we were to save it. When we can't remove a tumor entirely, we call it "debulking," i.e. we remove the bulk of the mass.

So we carefully debulked the mass. It did in fact block most of the larynx. When we got done with the delicate surgery, air could surely flow better, but I was concerned that the mass would come back – with a vengeance.

But little Zippity pulled through surgery nicely. Two weeks later, her sutures were removed. She was doing fairly well. The biopsy report revealed a plasma cell tumor, a strange tumor stemming from a type of white blood cell. It is most often benign, and fortunately that was Zippity's case. Still, I knew there was diseased tissue left behind, so I wasn't too optimistic.

And that's the last time I heard of Zippity. She was, as we say in our field, "lost to follow up."

Imagine my surprise when I recently received an amazing email from her owner. It read:

"Dr. Zeltzman, We are writing you today a letter that is long overdue. Sixteen months ago, you came in to our family vet's hospital to help with our puppy Zippity, who was having severe breathing issues. (...) After several grueling hours for my family, you emerged from the OR with a smile and said that she had pulled through and called her our "Christmas Miracle". We cannot thank you enough for the "borrowed" time we have had with Zippity since that horrific day.

We wanted to write you to let you know that since the surgery, she quickly returned to her usual playful self. She has recovered and is running and jumping again. Her only noticeable side-effect of surgery is a slightly

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“deeper” voice.

We cannot thank you enough for your efforts on that day. We have no children, and our puppies mean the world to us. Every minute that we have with her since that day, we owe to you. So again, from the bottom of our hearts, THANK YOU!”

If you have any questions or concerns, you should always visit or call your veterinarian – they are your best resource to ensure the health and well-being of your pets.