

## Letter to the editor

A few years ago a paper by Vanessa Barrs and colleagues was published in JFMS concerning sequelae of trichobezoars (hair balls) passing along the intestinal tract of cats. (Barrs, V.B., Beatty, J.A., Tisdall, P.L.C., Hunt, G.B., Gunew, M., Nicoll R.G., Malik, R. (1999) Intestinal obstruction by trichobezoars in five cats. *Journal of Feline Medicine and Surgery* 1:199–207.) I would like to recount a recent anecdote that adds something further to this topic.

My own cat, a 12-year-old neutered Devon Rex, was observed to suffer intermittent distress that culminated in a severe episode of vomiting. Over a 24–36 h period, there were times when the cat would not settle. Furthermore, he would vocalise for no apparent reason every few hours, as if in distress. I considered the problem to be behavioural rather than organic, and elected to do nothing. During this period the cat had a normal (excellent!) appetite, and to a less observant owner the cat probably would have been considered to be normal. The next day 'Baron' ate breakfast with gusto, as usual, however he remained uncharacteristically quiet during the day. When offered food in the evening, he vomited a large quantity of brown liquid material. Interestingly, the vomitus had a strong faecal odour. Approximately 1 h after this episode the cat had a bowel movement. The motion consisted of a small amount of liquid brown faeces, and a fusiform stool about 3 cm by 1 cm. On more careful examination this turned out to be a furball. Subsequently, vomitus containing a small amount of hair was found elsewhere in the house.

Presumably, the passage of this gastric trichobezoar through the intestinal tract caused intermittent colicky pain, as evidenced by the cat 'failing to settle' and vocalising intermittently. The furball presumably then produced a partial, transient, intestinal obstruction, perhaps while it passed through the ileocaecocolic region, resulting in vomiting of ingesta and a substantial number of faecal bacteria and their fermentative products. The furball presumably then moved



into the large bowel, where it was eventually passed.

I elected to give the cat prophylactic amoxicillin-clavulanate (62.5 mg total orally every 12 h) for 48 h. Although the cat was depressed and lethargic for 12 h after the vomiting episode, he ate a small amount of commercial canned cat food the following morning, with encouragement. He was completely 'back to normal' the following evening.

I suspect this problem would not have come to veterinary attention had the cat not been owned by such an astute owner (me!). Although anecdotal, this chance observation supports evidence provided and cited by Barrs and collaborators concerning the dangers associated with intestinal passage of hair balls. Indeed this case was surprising, in that of all breeds, the Devon Rex would be one in which hair balls would have been *least* suspected of being the culprit! Predispositions to the formation of this furball were not apparent; the cat lives exclusively indoors, and had neither ectoparasites nor a skin condition associated with

over-grooming. One can only surmise that gastric furballs are intended to be eliminated by vomiting in the natural scheme of things, and that when they instead are passed through the pylorus, they have the potential to produce a range of adverse sequelae.

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