

Comparison of serum oxytetracycline concentration after intravenous and intraosseous administration in dogs

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Abstract

Intraosseous infusion is considered a useful technique for administration of medications and fluids in emergency situations when peripheral intravascular access is unsuccessful. The purpose of this study was to compare the effectiveness of intraosseous (IO) versus intravenous (IV) administration of oxytetracycline for delivery of antibiotic to the central circulation in dogs. Four intact mongrel dogs weighing 15-20 Kg of both sexes between 1 to 3 years old received 20 mg/kg oxytetracycline intravenously. The animals were allowed to recover, and, after a two-week timeout period, each dog received the same antibiotic and dose as before through a femoral Jamshidi bone marrow needle. Blood samples were taken for antibiotic assay immediately before and 0.5, 1, 1.5, 2, 2.5, 3, 3.5 and 24 hours after injections using high-performance liquid chromatography (HPLC). Analysis of variance revealed statistically significant differences between serum oxytetracycline levels comparing intraosseous and intravenous administration at all assay intervals. Serum levels of oxytetracycline after IV administration were significantly higher than those after IO injection at all time intervals but decreased significantly at 24 hours after injection. Peak oxytetracycline serum concentrations were achieved in IV (7.69 ± 1.25 µg/ml) and IO (4.20 ± 0.09 µg/ml) routes after 0.5 and 2.5 hours, respectively. However, Oxytetracycline levels were above therapeutic concentration by both intravenous and intraosseous routes. No side effects were observed in relation with the intraosseous administration of the drug. Thus, IO route appears to be practical and effective for the rapid delivery of oxytetracycline in dogs. In conclusion, oxytetracycline may be administered intraosseously when intravenous access is not possible.

Key words: Intraosseous injection, Jamshidi needle, Oxytetracycline, HPLC, Dog

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