

## UNILATERAL UTERINE HORN RUPTURE AND ITS MANAGEMENT IN A QUEEN CAT

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### SUMMARY

A case of uterine rupture and presence of two emphysematous fetuses in the abdominal cavity was diagnosed in three years old queen cat with the help of ultrasonographic and radiographic aids. Successful management and recovery from life threatening case of uterine rupture with emphysematous fetus by means of caesarean section in queen cat is discussed.

**Keywords:** Cat, Laparotomy, Uterine rupture

Uterine rupture is a major emergency which occur during late pregnancy (Ram Niwas *et al.*, 2017). The most common causes of uterine rupture is external trauma during pregnancy, severe damages of the uterine wall, improper obstetrical procedures and indiscriminate use of drugs such as oxytocin or prostaglandin F<sub>2</sub> alpha (Jackson, 2004). The present case describes the obstetrical management of ruptured uterine horn in a queen cat.

Three years old, domestic short hair queen cat was presented in lateral recumbency to Small Animal Obstetrics and Gynecology ward with the history of having queened three live kittens on the previous day morning and anorexia for past two days. Clinical examination revealed distended and tense abdomen. Vaginal examination showed edematous vulvar lips with bloody discharge and no fetus/foetal part palpable in the vaginal passage. Further the case was subjected to radiographic evaluation (Fig. 1) of abdomen which revealed the presence of dead and emphysematous fetuses in the abdominal cavity. Based on above diagnosis, an emergency caesarean section was carried out.



Fig. 1. Radiograph showing extra uterine emphysematous fetus

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The Queen cat was pre-medicated with Inj. Xylazine (1 mg/ Kg B.Wt., I/M). Anaesthesia was induced and maintained with Inj. Ketamine +Inj. Diazepam in the ratio of 4:1 at the dose rate of 5 mg/Kg B.Wt. intravenously. Laparotomy was performed by mid-ventral approach and immediately after incising the linea alba, two emphysematous fetuses (Fig. 2) were found in the abdominal cavity. Further, inspection of the uterus revealed rupture of left uterine horn. The two emphysematous fetuses were removed followed by flushing of the abdominal cavity with isotonic saline at the rate of 200 ml/kg BW (Seim, 1995). The uterus was exteriorized and ovariohysterectomy was performed as per standard surgical procedure. The surgical site was closed with polyglycolic acid (PGA) 2-0 and skin incision was closed with silk. Post-operative treatment with Ringer's lactate solution @10 ml/kgBW, Inj. Ceftriaxone 20mg /Kg BW



Fig. 2. Ruptured uterus along with two emphysematous foetus

was continued for seven days and Inj. Meloxicam @ 0.5 mg/kg BW for 3 days. The queen cat had an uneventful recovery without any complication.

The case of uterine rupture can be successfully treated with fluid replacement, antibiotic therapy, ovariohysterectomy, removal of the fetuses as recommended by Linde-Forsberg (2010).

Majority of uterine rupture cases remain undiagnosed because of either mortality or development of post-delivery complications (Humm *et al.*, 2010). Prevention of administration of tocolytics without looking for the obstruction of birth canal may help a little in many of the cases but the prompt diagnosis and subjecting the animal to exploratory laparotomy at the earliest is the key to good prognosis and safeguarding the life of animal. It is concluded that feline uterine rupture with emphysematous

fetus can be successfully treated by exploratory laparotomy.

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