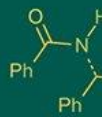


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Successful surgical management of prolapsed gravid uterus in a stray dog: A rare case

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Abstract

A two-year-old female stray dog in recumbency was presented to the Outpatient ward, Department of Veterinary Gynaecology and Obstetrics by a nearby resident with a complaint of large mass protruding out of vulva. Clinico-gynaecological examination revealed prolapse of both the gravid horns with uterus and one intact ovary with profuse bleeding. Rupture of one of the prolapsed uterine horns was identified. The gravid uterus was devitalized due to necrosis. The animal was severely dehydrated and anaemic. On trans-abdominal ultrasonography, hypoechoic retained fetal structures in the abdomen due to uterine rupture was visualized. The hanging prolapsed uterine mass was removed and cervical end of the uterine body was sutured using chromic catgut No. 0 and pushed into the vaginal cavity. The patient was immediately subjected for blood transfusion to stabilize for emergency laparotomy under general anesthesia using 1% propofol. The floating fetus due to ruptured right uterine horn in the abdomen was removed followed by removal of left over part of the same right uterine horn along with ovary after ligating the ovarian stalk. Surgical wound was closed as per standard operating procedure and post operative care was taken through fluid therapy and antibiotics with regular wound dressing. Animal recovered uneventfully without any post operative complication.

Keywords: Gravid uterine prolapse, laparotomy, prepartum prolapse, ultrasonography

Introduction

Uterine Prolapse is a condition characterised by protrusion of uterine horn along with body, out of Vulva. Vaginal or uterine prolapse incidence in dog is rare compared to other farm animals. (Markandeya *et al.*, 2004) [3]. Though some rare incidence of postpartum uterine prolapse have been reported in dog (Slatter D. 2002) [4], gravid uterine prolapse in prepartum period is very rare in female dogs (Chakraborty *et al.*, 2012) [2]. Actual cause of prepartum uterine prolapse in dog is unknown. Present case report describes ruptured gravid uterine prolapse in stray dog and its successful surgical management.

Case History & Clinical Findings

A two-year-old female stray dog in recumbency was presented to the Outpatient ward, Department of Veterinary Gynaecology and Obstetrics, veterinary college Bengaluru, by a nearby resident with a complaint of large mass protruding out of vulva with severe bleeding. Clinico gynaecological examination revealed prolapse of both the gravid uterine horns with only one intact ovary, showing bleeding. Other ruptured gravid horn without ovary was also expelled out. Part of gravid uterus and cervical end of uterus was devitalized. Rectal Temperature was found to be 95 °F. Haematology study of the same animal revealed severe anaemia with leucocytosis. Ultrasonography of the abdomen revealed hyperechoic retained fetal structure in the abdomen.



Fig 1: Gravid uterine prolap

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Fig 4: Laparotomy to remove retained structure

Treatment and discussion

After haemostasis at the ruptured part, hanging uterine mass was removed. Cervical part of uterus was closed with catgut No.1-0 and replaced back into the vaginal cavity along with gauze dipped in 5% povidone iodine and adrenalin as a mean of hemostasis and antisepsis. Animal was stabilised by doing blood transfusion and subjected for emergency laparotomy under general anaesthesia 1% propofol. Diazepam @ 0.5 mg/kg Iv, ceftriaxone @ 20 mg/kg iv and meloxicam @ 0.2 mg/kg iv was given as premedication followed by induction with 1% Propofol. Floating Fetus in the abdominal cavity and remainder left over part of the right uterine horn along with the ovary was removed after ligating the ovarian stalk using catgut no.1. After lavaging the abdominal cavity with ringers' lactate and removal of all the fetal content, the surgical wound was closed by opposing the muscle layers using simple interrupted suture pattern followed by subcutaneous layer with vicryl no.0 and the skin was opposed with trulon No. 0 using simple interrupted suture pattern. Surgical wound was dressed with povidone iodine. With Postoperative treatment using plasma volume expander intravenously for 2 days, oral antibiotic cephalixin at 20mg/kg for 7 days, and with alternate days wound dressing gradual improvement in the animal condition was noticed. Skin sutures were removed on 10th day and the animal recovered uneventfully.



Fig 3: Ligation of cervical end



Fig 4: Laparotomy to remove retained structure

Prepartum prolapse in female dogs occurs may be due to excessive pre-partum relaxation of pelvic structures and increased intra-abdominal pressure (Markandeya *et al.*, 2004) [3]. It can also occur due to incomplete placental separation, severe tenesmus, rough handling during parturition, earlier ruptures of the mesovarium and mesometrium (Zyurtlu and kavya loc.cit; slatter 2002) [5, 4] and trauma was also reported to be a cause of vaginal and uterine prolapse (Arbeiter and Bucher, 1994) [1]. In present case, since dog was presented in recumbency, the cause can be suspected for traumatic injury to the genital organs by act of violence by the uncompassionated public during the process of parturition.

Conclusion

After confirming through ultrasonography, Emergency laparotomy should be the treatment of choice to ascertain the condition of uterus and fetus and to save the life of dog by performing ovariohysterectomy.

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