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Uterine horn torsion in a pregnant cat: A case report

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Abstract

A 2-year-old pluriparous domestic non-descript queen was presented at the Veterinary Clinical Complex, CoVS & A.H., KU, Junagadh with a history of brown vaginal discharge, two dead fetuses that were born within 24 hours, and continued animal straining over the previous 20 hours. There was one foetal skeleton visible on abdominal radiography, and no foetal heartbeat was visible on ultrasonography. An emergency caesarean section was performed, and a 720° torsion of the left uterine horn was revealed, one dead kitten was removed. The right uterine horn appeared normal, but the left uterine horn was congested. Animal was recovered from condition without any complications.

Keywords: Uterine horn torsion, pregnant cat, queen, feline dystocia, caesarean section

Introduction

Uterine torsion, which causes dystocia is a rare problem in domestic animals except cattle. It's defined as the rotation of the uterine horns around the longitudinal axis of one or both of the uterine horns more than 45° (Tohumcu, 2021) [8]. Although the aetiology of uterine torsion is unknown, broad ligament stretching caused by previous pregnancies, increased physical activity, uterine wall weakness, foetal movement and rough handling have been suspected as potential causes (Kuroda *et al.*, 2017) [4].

The presence of marked anaemia may suggest intra-abdominal haemorrhage due to uterine torsion in pregnant cats (Kimura *et al.*, 2024) [3].

Ultrasonography can confirm pregnancy or pyometra, radiographic images show a tubular soft tissue mass opacity with a kitten, but the definitive diagnosis of uterine torsion by exploratory laparotomy (Hendy *et al.*, 2023) [2].

History and Clinical Signs

A pluriparous domestic non-descript queen, age 2 years, was presented to the veterinary clinical complex at the College of Veterinary Science and Animal Husbandry in Junagadh with a history of brown vaginal discharge, two dead fetuses that were born within 24 hours, and continued animal straining over the previous 20 hours. The queen appeared dull, depressed and mildly dyspnoeic. Physical examination revealed hypothermia (100.1°F), conjunctiva and oral cavity mucous membranes were icteric, and the capillary refill time was >2 sec. Complete blood count revealed mild anaemia (Total erythrocyte count $3.9 \times 10^9/\mu\text{L}$, haemoglobin 6.8 g/dL, haematocrit 21%), leucocytosis ($20.1 \times 10^3/\mu\text{L}$) with a left-shift neutrophilia.

No foetal parts were palpable on per vaginal examination. Only one foetal skeleton visible on abdominal radiography, and no foetal heartbeat was visible on ultrasound. Since straining had begun more than a day earlier and the condition of cat appeared to be deteriorating (increasing cold and dyspnoea), an emergency caesarean section was selected.

Treatment

The queen was premedicated with atropine sulphate (0.04 mg/kg S/C). Anesthesia was then induced with intravenous ketamine (2 mg/kg BW) + propofol (2 mg/kg BW) and maintained with 2% isoflurane. Throughout the procedure, fluid therapy was maintained with normal

saline @10 ml /kg. A ventral midline celiotomy was performed. After open the abdominal cavity the uterus was exteriorized and 720° torsion of the right uterine horn was revealed. The horn was massively swollen and ischemic. An incision was made in the uterus to facilitate removal of the foetus. The uterine incision was then closed using Vicryl No. 0 with a Cushing followed by a Lembert suture pattern to ensure secure closure. The surgical wound was closed as per standard procedure and the patient was treated with amoxicillin-clavulanate @10 mg/kg I/V for 5 days and meloxicam at 0.2 mg/kg I/V for 5 days and syrup Liv-52 5ml BID postoperatively. On follow-up examination 3 days later, the patient was active and alert, with the vital parameters in normal range. Laboratory tests also revealed normal range blood counts.

Discussion

Predisposing factors include uterine ligament laxity, prenatal fluid deficiency, foetal mobility, and physical activity (Lalayev *et al.*, 2024) [5]. The preoperative diagnosis of uterine torsion is difficult or potentially impossible, according to some reports (Kuroda *et al.*, 2017) [4]. The ability to reproduce in unilateral torsion was preserved by unilateral hysterectomy, unilateral ovario-cornuectomy, and en bloc ovario-cornuectomy. However, it is feared that during labor and parturition of subsequent pregnancies, there may be uterine rupture or perforation at the cornuectomy site at bifurcation (Mohammed *et al.*, 2019) [6].

Severe torsion can impede the uterine blood flow, which can lead to thrombosis or uterine vascular rupture, congestion, shock, and the death of the foetus or mother. At the parturition time, the twisted uterus can suffer laceration (Otava, 2011) [7].

According to the current analysis, jumping is frequently regarded as a risk factor for uterine torsion (Tohumcu, 2021) [8]. The longer duration of clinical signs and absence of cardiovascular compromise could have been due to the presence of a mucometra compared to a pyometra or foetal death (De La Puerta *et al.*, 2008) [1]. Fluid therapy should be performed intraoperatively in such risky cases to maintain general condition stability. Even blood transfusion should be performed if possible (Lalayev *et al.*, 2024) [5].

In this case patient condition was stabilized and the operation was completed. However, since the uterine torsion occurred at the end of the last trimester and the kitten had completed their development but none of the kitten survived. In this instance, ultrasound proved helpful in determining the foetus state and stage foetal death and peritoneal effusion, which are caused by uterine torsion, can also be seen on radiography. In this case, there was no overt radiographic indication of peritoneal effusion, possibly due to the little volume present.

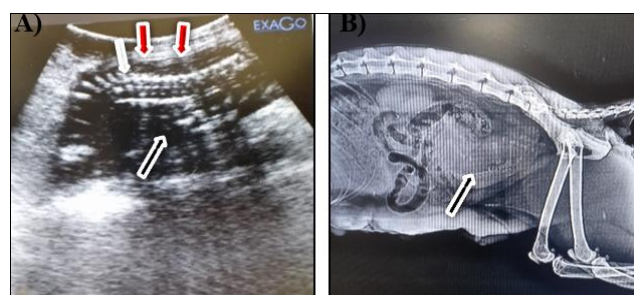


Fig 1: (a) Ultrasonography reveals enlarged uterine horns (red arrows), foetus (white arrow). Amniotic fluid exhibited relatively low echogenicity (black arrow) (b) lateral abdominal radiographs reveal one foetus (arrow).

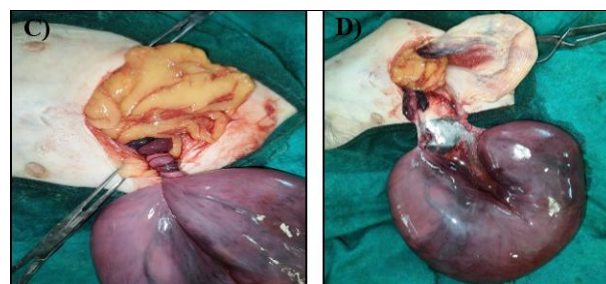


Fig 2: (c) Intraoperative view of the rotated and displaced segments of the right uterine horn of a cat. (d) The distended and ischemic right uterine horn after relieve uterine torsion.

Conflict of Interest

Not available

Financial Support

Not available

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