A Rare Case of Uterine Torsion in a Goat

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ABSTRACT

A doe at full term with the history of signs of abdominal discomfort and straining for 6 hours was brought to clinics of Haryana Pashu Vigyan Kendra, Mahendergarh. Digital per-vaginum examination revealed post-cervical right side uterine torsion which was a successful management by modified Schaffer’s method. Two kids of which one live and another dead were delivered with gentle traction. The animal recovered uneventfully after treatment with antibiotic and supportive therapy for five days.

Introduction

Uterine torsion refers to the rotation of the pregnant uterus on its longitudinal axis. Torsion of the gravid uterus is a cause of dystocia in all domestic species and is most common in buffaloes, relatively common in cattle and rare in other domestic animals (Parkinson et al., 2019). In small ruminants, incidence of dystocia due to uterine torsion in goat is around 2% of total dystocia cases (Jackson, 2004). Low incidence of uterine torsion in goat accounts due to frequent bicornual pregnancy. Moreover, incidence of uterine torsion in goats is lower because of sub-lumbar attachment of mesometrium instead of sub-iliac as found in cattle (Sood et al., 2002). The other possible reason ascribed for inter-species variation is the greater athleticism of the sheep and goat in rising to their feet from recumbency (Noakes et al., 2019).

Case history and observations

A two-year old doe in 3rd parity at full term was brought to Haryana Pashu Vigyan Kendra, Mahendergarh, Lala Lajpat Rai University of Veterinary and Animal Sciences with history of frequent straining for last 6 hours (Fig. 1). The doe showed all signs of parturition including engorgement of teats and loosened sacro-sciatic ligaments. Gynaeco-digital examination revealed a right-sided twist of cranial vaginal mucosa and on forced palpation with difficulty one finger could be inserted through the twist without assessing to any fetal parts. So, the case was confirmed to be dystocia due to right sided post-cervical uterine torsion. A doe was physically active and had a normal body temperature (101.4°C).

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Treatment and discussion

It was decided to distort the animal by rolling as per modified Schaffer’s method with constant gentle pressure on an adequate sized plank by hand. A doe was cast in right lateral recumbency with forelimb and hind limb tied separately. The animal was rolled on the right side with a constant and gentle pressure of plank (Fig. 2). Uterine torsion was relieved in one rolling confirmed by digital vaginal examination and bulging of water bag through vulva (Fig. 3). One live and one dead foetuses were delivered with gentle traction (Fig. 4 a,b). Immediately after fetal delivery, Inj. Oxytocin 10 I.U. was administered intravenously in 500 ml of normal saline solution. Further, the doe was treated with antibiotic (Inj. Ceftriaxone @ 10mg/kg I/M OD) and supportive therapy (Inj. Normal saline 20 ml/kg I/V OD, Inj. Ascorbic acid @ 50mg/kg I/M OD and Inj. Meloxicam @ 0.5 mg/kg I/M OD) for five days. The doe recovered uneventfully.

Fig. 1. Doe suffered from uterine torsion and showing straining

Fig. 2. Rolling of Doe as per Modified Schaffer’s method

Fig. 3. Signs of parturition after relieving the uterine torsion

Fig. 4 (a, b). Two kids delivered with gentle traction

Uterine torsion is generally considered to be relatively rare in the doe (Purohit, 2006). Diagnosis is difficult and can be made in post-cervical uterine torsion by typical folds in the vagina (Sharma et al., 2004; Jakkali et al., 2022). Pre-cervical, uterine torsions or torsions of lesser degree are difficult to be suspected because of the inability to perform a rectal examination in the small ruminants. Sometimes uterine torsion is found during a caesarean section. Despite variations in the incidence of torsion in different species, instability between the horns during gestation is considered to be a major cause for uterine torsion (Roberts, 1986) and are carrying single fetus with the associated movement of the animals being more prone to uterine torsion (Braun, 1997). There are mainly two procedures to resolve the uterine torsion which include rolling of the dam while giving pressure on the abdomen using a wooden plank as per modified Schaffer’s method (Raja et al., 2013) and caesarean section (Bansod and Srivastava, 1991). Present case of uterine torsion in goat resolved promptly by modified Schaffer’s method using small sized plank. Similarly, cases of uterine torsion and their management with modified Schaffer’s method reported previously (Sharma et al., 2018; Chahar et al., 2018). In conclusion, timely diagnosis and correction of uterine torsion results in healthy delivery of new born with good health of dam.
References


