UNILATERAL UTERINE TORSION SECONDARY TO PYOMETRA IN A BITCH

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ABSTRACT

Successful surgical management of unilateral uterine torsion secondary to pyometra in a bitch is discussed.

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Key words: Bitch, Unilateral uterine torsion, Pyometra

INTRODUCTION

Uterine torsion is a rare condition in the bitches (Stone et al, 1993). The condition has also been reported in association with haematometra, focal uterine adenomyosis and cystic endometrial hyperplasia (Barrand, 2009). This case report describes a case of unilateral uterine torsion secondary to pyometra in the bitch.

CASE HISTORY AND OBSERVATION

A seven years old nulliparous spitz bitch, aged about 7 yrs, weighing 10 kg was presented to Teaching Hospital of the Veterinary College with the history of anorexia, polydipsia, vomiting and purulent blood tinged discharge with fetid odour from the vaginal passage since last 5 days. The owner reported that the last proestrual bleeding had concluded two months prior to presentation and the bitch had never been mated. On clinical examination, the animal was dull and depressed and had rectal temperature of 102.6°F. Further on abdominal palpation, distended uterine horns were noticed. Ultrasonographic examination revealed presence of markedly enlarged bilateral uterine horns with diameter 22.5 mm and 24 mm filled with hypoechoic uterine contents. Based on clinical and ultrasonographic findings, the case was tentatively diagnosed as open cervix pyometra.

TREATMENT AND DISCUSSION

The bitch was treated with natural prostaglandin $F_{2\alpha}$ (dinoprost tromethamine; Lutalyse, Pfizer Limited, Mumbai, India) at the dose rate of 100 mcg/kg body weight S/C once daily for four days. Atroprine sulphate @ rate of 0.04 mg/Kg bodyweight was given S/C 45 mts before every administration of $PGF_{2\alpha}$. Concomitant broad-spectrum antibiotic and supportive therapy was also given during the treatment protocol. The volume of vaginal discharge increased during the treatment period and it stopped completely four days post-treatment.

Second ultrasonographic examination after 5th day of initiation of $PGF_{2\alpha}$ treatment revealed marked reduction in the size of diameter of one uterine horn, while the other horn remained unchanged in size and hypoechoic contents.

For exploratory celiotomy, the bitch was premedicated with Atropine sulphate at the dose rate of 0.04 mg/kg body weight IM. The bitch was placed in dorsal recumbency and a caudal midventral coeliotomy was performed under general anaesthesia using Xylazine and Ketamine combination @ of 1 mg/kg body weight and 5 mg/Kg body weight intravenous respectively. Exploratory coeliotomy revealed torsion of right uterine horn along its longitudinal axis at different locations, with purulent content entangled in the uterine horn (Fig.). The left horn was found to be normal. Ovariohysterectomy was performed without uterine de-rotation, to minimise the risk of reperfusion injury. The

laparotomy wound was closed. On post-operative treatment with antibiotics for 5 consecutive days, the animal had uneventful recovery.

Torsion of non-gravid canine uterus has been reported in association with haematometra, uterine focal adenomyosis and cystic endometrial hyperplasia/ pyometra complex (Barrand , 2009). It has be suggested that a pendulous organ suspended by the ovarian pedicle and broad ligament might be susceptible to torsion (Freeman, 1988). In the present case, grossly distended uterus with fluids, secondary to pyometra and uterine contraction following prostaglandin treatment might have triggered uterine torsion. Cases of uterine torsion in bitches have been previously treated with ecbolic therapy (Chambers et al., 2011).

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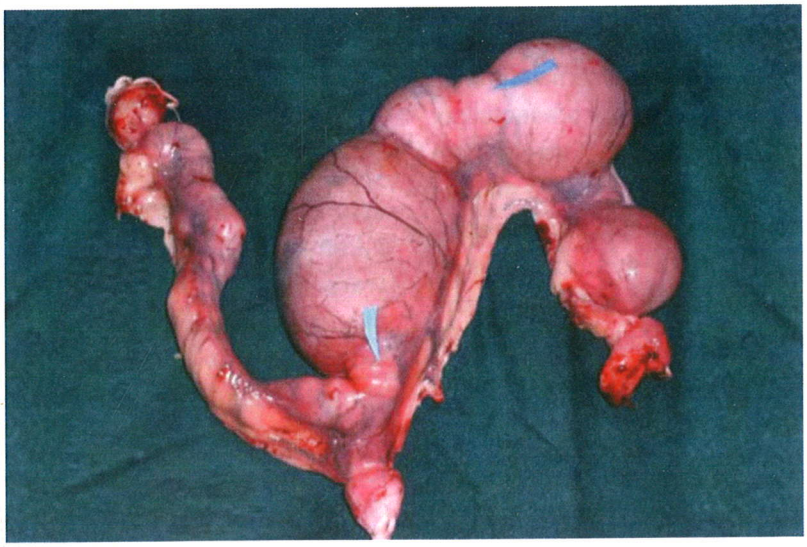

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