

# PRE-CERVICAL TORSION OF UTERUS IN A MALABARI DOE

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## ABSTRACT

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Pre-cervical torsion of uterus in a Malabari doe, its diagnosis and surgical management is reported.

**Key Words:** Pre cervical torsion, Malabari doe, Caesarean section.

## INTRODUCTION

Torsion of uterus is one of the complicated causes of maternal dystocia in all species and an occasional cause of dystocia in goats (Younquist and Threlfall, 2007). Diagnosis of precervical torsions in small ruminants is complicated by inability to perform rectal palpation. Often diagnosis and treatment are performed at the same time with a caesarean section (Younquist and Threlfall, 2007). Diagnosis of pre-cervical torsion of uterus in a Malabari doe which is relieved by caesarean section is discussed in the present paper.

## CASE HISTORY

A full term pregnant Malabari doe aged 3 years, in its second gestation was presented with history of anorexia and dullness past three days. The goat had a stilted gait, rapid and weak pulse, sub normal temperature and had normal defecation and urination. Breeding dates were unknown. Trans-abdominal palpation of the right flank revealed tense uterine walls and abnormal disposition of the fetal vertebral column at the abdominal floor. Cranial and right sided displacement of dorsal commissure of vulva was evident.

Trans abdominal and trans rectal B mode ultrasonography using a 5 MHz transducer revealed hyper echoic vertebrae and thorax in an abnormal right ventral position, but skull was not visible. Distended abdomen

with grey echoic fluid and absence of C- shaped echodense placentomes assured its degeneration. Vaginoscopy with a 30 cm long, 5 mm diameter rigid telescope revealed narrowing and stretching of cranial vagina with poor visualization of external Os of cervix that confirmed pre cervical torsion of uterus.

As the direction of torsion and condition of uterus was uncertain, it was decided to perform caesarean section. Under para-vertebral nerve block, laparotomy was performed through the left flank and evacuated the peritoneal sero sanguineous contents. Two dead emphysematous fetuses from right horn and one from left horn were extracted and incision closed by classical method. Detorsion of right sided pre cervical torsion was carried out and laparotomy wound closed under standard technique. Antibiotic therapy for five days and supportive fluid therapies was also provided.

## TREATMENT AND DISCUSSION

The hilly topography of the place in which the goat was reared and the anatomic instability of the gravid uterus from two fetuses in right horn and single fetus in left horn might have predisposed to uterine torsion which agrees with the observations by Noakes *et al.* (2001). It is difficult to diagnose pre cervical torsions until the animal is surgically operated (Jackson, 1995; Younquist and Threlfall, 2007). These explanations substantiate the use of diagnostic methods like ultrasonography and vaginoscopy employed in this case. The choice of treatment depends on the nature and intensity of the torsion, the viability of the fetus and the time lapse since

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dystocia onset. Pre cervical torsion with dead, emphysematous fetuses and ambiguity of direction of torsion in this case justifies the caesarean section instituted without opting for detorsion methods.

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