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Successful Surgical Management of Dystocia in a Cat

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In the polytocus small animals there may be a complete or a partial failure of the uterus to start contracting. In partial failure the uterus may bring the first fetus to the pelvic inlet from where it is delivered by abdominal straining. No further fetuses were present and uterine contraction ceases. An idiopathic type of primary uterine inertia has been described, in which delivery starts normally and several members of the litter are delivered normally. There is no evidence of obstruction to birth through maternal or fetal cause. The uterus stops contracting and does not resume unless ecboic therapy is given. It could be argued that this could be classified as a partial rather than a complete primary uterine inertia (Peter Jackson, 2004). Uterine inertia that is lack of normal physiologic uterine contraction during or after parturition, is a common condition encountered in bovine. However, it is comparatively less reported in canine and feline.

Case History and Observations

A two year old cat was presented in critical emergency condition to the Veterinary College Clinics, Junagadh with a history of deliver in gone live kitten before 8 hours normally, but thereafter there was no progress in birth in absence of straining, and the queen was passing blackish green foul smelling vaginal discharge. The body temperature was 103.5°F with respiratory distress. On gynaeco-clinical examination, the fetus could not be felt per vaginal. Radiographic examination

Fig.1: Radigraph of foetal skeletal



Fig.2:Caesarian section in cat



revealed two foetal skeletal in uterus, all in abdominal cavity (Fig. 1). Hence the case was diagnosed as a dystocia due to uterine inertia. It was then decided to undertake emergency caesarean section.

Treatment and Discussion

Caesarean section was performed (Fig.2) under diazepam (0.25 mg/kg) and ketamine (5 mg/kg) 1:2 ratio as general anaesthesia after premedication with atropine sulphate @ 0.04 mg/kg b.wt. The dead putrefied foetii were removed (Fig. 3). The queen recovered uneventfully after administration of antibiotic Taxim 500 mg iv, anti-inflammatory Melonex 0.2 mg/kg im and dextrose 25 % 200 ml iv for five days.

Fig.3: Macerated foetus removed after caesarian



The maternal causes of dystocia are more common over fetal causes of dystocia in cat. Moreover, uterine inertia was also reported to be main cause of dystocia (60.6 %) by Ekstrand and Linde-Forsberg (1994). Cats being multiparous, it is generally difficult to identify the presentation and position of individual fetus on per abdominal palpation. Further, the overlapping of fetuses in the horns possess problem in identifying the exact positioning of fetuses in lateral radiograph. However, in the present case, the presentation and position could be easily identified owing to the two fetus in the uterus. In spite of normal presentation and position the uterine inertia resulted in failure of uterine and abdominal contractions and the cat did not expel the fetus, although the os was open. As both the kittens were putrefied in the uterus (on the basis of foul smelling vaginal discharge), it was difficult to deliver them per vaginum, that's why caesarean section was the only way to deliver the purified fetus in the present case (Fig. 3), which of course was successful in saving the life of queen.

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