ENBLOC OVARIOHYSTERECTOMY AS A TREATMENT FOR FETAL CAUSE OF DYSTOCIA IN A CAT- A CASE REPORT

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This paper reports an Enbloc ovariohysterectomy of a two year old non-descript queen cat due to relative fetal oversize, death and secondary uterine inertia. The case was successfully managed by removing the putrified fetus initially followed by other live kittens and an enbloc ovariohysterectomy as per standard procedure. The cat had an uneventful recovery with four active kittens following proper post operative supportive therapy.
Keywords: Enbloc ovariohysterectomy, Fetal over size, Dystocia, Queen cat

The incidence of feline dystocia is probably lower than in dogs. A higher incidence is seen in the exotic breeds than the ordinary cats. Fetal maldisposition and primary uterine inertia was reported to be the main cause of dystocia in brachycephalic breeds by Gunn-Moore and Thrusfield (1995). The problem of inefficient abdominal musculature (uterine inertia) is also seen in elderly parturient cats. Surgical intervention is required in approximately 60-80% of dystocia cases in the bitch and queen (Gilson, 2003). Caesarean section is common in small animal practice especially practices devoted to reproduction or emergency and critical care. In one study, 58% of caesarean sections were performed on an emergency basis observed by Moon and co workers (1998). The present clinical report documents a case of dystocia due to fetal cause and corrected by en bloc ovariohysterectomy.

Case history and Observation

A two year old nondescript full term pregnant queen cat was presented to the University Veterinary Hospital, Kokkalai (Thrissur) with a complaint of foul smelling sero-purulent discharge from vagina and occasional straining since two days. The pet had a history of natural mating 60 days back. Clinical parameters were in the normal range including rectal temperature, pulse, mucus membrane except an elevated respiratory rate. The cat was weak and anorectic since two days (Fig.1). Foetal skeletons were obvious on abdominal palpation. Pervaginal examination revealed foul smelling sero-purulent discharge with an over sized foetus engaged in the narrow vaginal cavity. Trans-abdominal ultrasound showed viable foetuses with heart rates ranging from 230 to 235. Radiographic evaluation revealed insufficiency of the pelvic dimensions for vaginal extraction of the impacted fetus. Since normal queening was impractical because of the obstructing over sized putrid foetus and the owners didn't want to maintain the breeding status of the queen cat, an enbloc ovariohysterectomy was decided.

Fig.1- Weak and anorectic Cat

Treatment and Discussion

The surgical site was prepared aseptically and anaesthesia was was induced with propofol at 6mg/kg, I/V and maintained with the same at 0.25/kg/min for 30 minutes. Preoperatively, Ceftriaxone (inj. Intacef-125 mg) and lactated Ringer's solution was administered intravenously. A standard

midline laparotomy incision was made and exteriorised the gravid uterus. An incision was made on the body of uterus. The putrefied fetus was removed by grasping the extremities (Fig.2). The remaining four live kittens were extracted through the same incision. The ovarian pedicles, broad ligament and the cervix was ligated with catgut no: 0 and the whole uterus and ovaries were removed. Abdominal lavage was done with isotonic normal saline solution. Laparotomy incision was closed as per standard procedures. Post operative analgesia was done with tramadol at 2mg/kg b.wt. Supportive therapy with antibiotics, fluids and analgesics were done for one week and the cat had an uneventful recovery with four active kittens (Fig.3).

Fig.2- The putrefied fetus was removed by grasping the extremities

Fig.3- Cat had an uneventful recovery with four active kittens

Incidence of dystocia in cats is less common. Gunn-Moore and Thrusfield (1995) reported 5.8 per cent incidence of 2928 litters from 735 queens. Uterine inertia is the most common type of cause of feline dystocia, as observed by Ekstrand and Linde- Forsberg (1994) also and out of 150 cases 30 per cent was due to fetal obstructive causes among which fetal oversize is known to be low (1.9%). Due to the relative fetal over size normal queening will be prevented, there by fetal death occurs and secondary uterine inertia results due to muscle exhaustion of the uterus preventing delivery of other kittens. In the present case presence of dead, putrefied kitten in the narrow pelvic canal made the vaginal extraction impossible. To prevent obstetrical emergencies out of breeding in future, the owner didn't want to retain the breeding status of the queen cat substantiating the en-bloc procedure performed.

Ovariohysterectomy is done at the time of caesarean section if gross damage to uterus has occurred from decomposed foetuses or if the owner does not wish to breed their animal again as also reported by Jackson (2004). Occasionally, a queen will deliver live healthy kittens over 2 to 3 calendar days as also mentioned by Johnston *et al.* (2001) which justify the viability of four kittens even after two days of initiation of labor process in the present case.

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