Dystocia Due to Uterine Inertia in a Queen Cat and Its Surgical Management

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Abstract

A two year old queen cat with history of overdue pregnancy, blackish green vaginal discharges with continuous straining was presented to the college clinic. Per vaginal examination revealed presence of dead fetus, which was diagnosed as a case of dystocia due to uterine inertia. Caesarean section followed by ovario hysterectomy, was performed. The cat recovered uneventfully without any complications.

Key words: Cat, dystocia, uterine inertia, caesarean section

Introduction

The incidence of dystocia in companion animals like the bitch and queen are quite low (Jackson, 1995) but when it occurs it may constitute life threatening situations to both the dam and the young ones. Dystocia is the primary factor in initiating secondary uterine inertia. Mal presentation, mal position of fetus, foetal over size, malformations of foetus and narrow birth canal are the causes of secondary uterine inertia (Kulkarni et al., 1968). Most common cause of dystocia in the queen cat is uterine inertia (94%). Aetiology is not precisely defined and will be multifactorial with mechanical, hormonal, physical and genetic components all playing part (Jones et al., 1988). The present paper reports a case of dystocia due to uterine inertia in queen cat and its surgical management.

History and Observations

A two year old queen cat with a history of overdue pregnancy was presented to the Dept. of Surgery & Radiology, college of Veterinary Science, Tirupati. The animal was having blackish green vaginal discharges with continuous straining since 4 days, which has given birth to dead foetus four days back.
Per vaginal examination revealed presence of dead foetus inside the birth canal. The history and symptoms indicate dystocia and she had crossed 3-4 days more than normal pregnancy (Roberts, 2002). To save the life of the queen cat, caesarean section was performed.

**Surgical Procedure**

The cat was premedicated with atropine sulphate @ 0.04 mg/kg b.wt and Xylazine @ 1 mg/kg b.wt intramuscularly 10 minutes prior to surgery. The anesthesia was induced and maintained by ketamine hydrochloride @ 11 mg/kg b.wt intravenously. The animal was secured in dorsal recumbency and surgical site from umbilicus to pubic symphysis was prepared for aseptic surgery. The cat was given 100 ml of DNS along with dexamethasone (5mg) intravenously prior to surgery. The mid line incision about 6-8 cm staring from umbilicus towards pelvis was taken.

Abdomen was opened carefully avoiding injury to underlying viscera. Gravid uterine horns were exteriorized to incision site and abdominal cavity was packed with sterile gauze to avoid infiltration of uterine fluids in to peritoneal cavity. The incision was made in to the body of uterus (Fig.1) and removed all dead and oversized fetuses (Fig.2). Upon owner’s request ovario hysterectomy was done as per standard procedure. The peritoneal and muscle layers were closed with simple interrupted sutures by using chromic catgut no.1-0. The skin was sutured with braided silk using simple interrupted sutures. Post operatively, the animal was given, inj. Melonex 0.2 ml s/c and inj. Intacef 250 mg i.m for five days. Antiseptic dressing of the site was done with povidone iodine 5% solution. Sutures were removed on 10th post-operative day. The cat was recovered uneventfully without any complication.

**Results and Discussion**

Uterine inertia can also cause dystocia. The uterus is no longer able to contract and push the babies through the vaginal canal. It can occur at any stage of labor and may be associated with uterine
exhaustion. Complete primary inertia is an indication for caesarean section which, if live foetuses are obtained, must be performed early. The incidence of fetal oversize in the cat is known to be low (1.9%). (Ekstrand and Linde Forsberg, 1994). In various cases like, narrow birth canal, uterine torsion (Fremann, 1988; Montgomery et al., 1989) abnormal size of foetus, mal presentation fetus (Ekstrand and Linde-Forsberg 1994). Birth defects to relieve the dystocia and to save the life of the foetus and dam caesarean section have been indicated (Arthur et al., 1989).

Summary
Dystocia due to uterine inertia in queen cat and its successful surgical management has been discussed.

References