Unilateral Uterine Prolapse in a Cat

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Abstract: Unilateral uterine prolapse that occurred immediately after parturition was diagnosed in a 15-month-old cat brought to the clinics of the Department of Obstetrics and Gynecology, Faculty of Veterinary Medicine, Ankara University. Depending on clinical and ultrasonographic examination findings, the other uterine horn was thought to be invaginated into the prolapsed horn. To purpose of treatment, ovariohysterectomy was performed. During laparotomy, the non-pregnant right uterine horn was seen to be invaginated into the pregnant uterine horn.

Key Words: Cat, uterine prolapse.

Introduction

Prolapse of the uterus occurs infrequently in the cat (1). It usually occurs during or within 48 hours of normal parturition, prolonged parturition or abortion (2). Prolapse of the whole uterus has been reported in queens ranging in age from 10 months to 6 years (1,3). The cause of prolapse of one uterine horn is unknown (1). Possible causes include rough handling during parturition, severe tenesmus, incomplete placental separation, uterine disease, excessive relaxation of the pelvic and perineal region and earlier rupture of the mesovarium and mesometrium (1,4).

Diagnosis is made by inspection of the prolapsed uterus. Various methods of treatment have been described including amputation of the everted uterus; manual reduction and repositioning by abdominal palpation and use of infusion; and manual reduction of the prolapse through a laparotomy incision, followed by ovariohysterectomy (5,6).

Case History

A 15-month-old cat with unilateral uterine prolapse was admitted to the small animal clinic of the Department of Obstetrics and Gynecology, Faculty of Veterinary Medicine, Ankara University. The cat had had her first litter and delivered one alive kitten. The owner had noticed a large, red mass protruding from the vulva after parturition. Ultrasonographic examination was made for detecting the other horn of the uterus but the ultrasonographic image of this horn was not clear. Therefore we considered that it would be invaginated into the prolapsed uterine horn. The cat was found suitable for surgery and also the owner wanted to sterilization of the cat.
The animal was premedicated with atropine sulfate (0.04 mg/kg, SC) and xylazine hydrochloride (2 mg/kg, IM). Following intramuscular administration of ketamine hydrochloride (10 mg/kg), the cat was positioned dorsal recumbency. After the usual surgical preparation of the operation site, a ventral midline laparotomy was performed. During the operation it was observed that; the right horn of the uterus was invaginated in the left one. Also, bladder was full-filled due to pressure of prolapsed mass (Figure 2). After inspection of the abdominal cavity and the reproductive organs, the prolapsed mass was reduced manually and, at the same time, retracted into the abdominal cavity. An ovariohysterectomy was performed and the abdomen closed. After surgery, the cat was treated twice a day for 5 days with trimethoprim-sulfadimethylypyrimidine (0.5 ml, IM) and liquid diet was supplied for 3 days.

Inspection of the excised organs revealed that the left uterine horn was enlarged and one implantation zone observed in the lumen. The right horn, which was invaginated into the other, was observed in normal measurements (Figure 3).

Results and Discussion

On examination the following day of operation, the animal was eating and drinking well, the rectal temperature was normal (38.7 °C) and cat appeared to be in a good condition. Seven days after the operation, the skin sutures were removed and recovery complete uneventfully.

Uterine prolapse in the cat is rare. It usually occurs during or shortly after parturition (1). In eight of nine affected cats, both horns and part of the uterine body were prolapsed (6). In this case, uterine prolapse occurred unilaterally and shortly after parturition.

Various treatment methods have been described including amputation of the everted uterus or reduction of the prolapse manually and then perform an ovariohysterectomy (1,2). Prognosis improves if treatment is instituted rapidly (6). In this case, due to debris of uterine mucosa we preferred to reduce the prolapse manually then perform laparotomy incision followed by ovariohysterectomy.
References


