then provides access for amputation of the head and neck. If the neck can’t be reached, removal of the opposite forelimb often provides sufficient room to facilitate passage of long handle eye hook on the inner canthus of the fetal eye and by using forced traction deviation of head and neck can be corrected (Perkins and Frazer, loc. cit, Vandeplassche, 1988, Bierschwal and de Bois, 1993, Youngquist, 1986). This is a more serious malpresentation in equines owing to the longer neck and head, the foal’s nose lies further away near the stifle joint instead of on the middle ribs and special instrument like long flexible hook is therefore required to help procure the head (Noakes et al., 2001).

References

Spontaneous Rupture of Bilateral Uterine Horns in the Bitch at Parturition with Dystocia in Boxer Dog

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The Boxer breed is known had a high risk of dystocia (Gill, 2002; Bergstrom et al., 2006). It was mainly due to uterine inertia or foetal malpresentation. In a study it was known that dystocia was of maternal origin in 68.6% and 28.6% were of foetal origin while 2.8% were not possible to determine. The frequency of dystocia in Boxer breed was considerably higher than expected in the average dog population (Forsberg and Persson, 2007). The prevalence of uterine rupture in bitches was not known (Stolla, 1999), while rupture of a gravid uterus was an unusual finding in the bitch (Hajurka et al., 2005). But the uterine rupture in a pregnant bitch can occur following uterine torsion or trauma (Stone et al., 1993). This case report describes a bilateral uterine rupture in a bitch whelped a puppy and there after showed dystocia and relieved by

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hysterotomy with repair of ruptured borns.

**Case History and Observations**

A 6 years old Boxer bitch weighing 36 kg body weight was presented with complaint of dystocia. But in the previous day it whelped one live puppy with some manual assistance. But there after it showed dystocia. On C-arm examination it was revealed that two dead puppies were still in the uterus.

**Treatment and Discussion**

The dog was prepared for emergency caesarean section. Under injectable GA using 1 % Propofol @ 2.5 mg/kg body weight intravenously and Dexmeditomedine @ 10 µg/kg body weight intravenously, midline laparotomy incision was done and found that both the uterine horns were ruptured with necrotic edges having one foetus in each horn (Fig.1). The ruptured site was extended in length and the foetuses were recovered (Fig.2).

So the necrosed tissue was excised up to healthy site. Both the horns and abdomen were cleaned with Normal saline and Metronidazole solution. The ruptured site was apposed using Vicryl™ suture in cushing manner. The laparotomy wound was closed as per routine basis. Post-operatively it was administered with inj. Ciprofloxacin, inj meloxicam, oral multivitamins and haematinics. The site was dressed regularly and then covered with a cloth in order to prevent soiling. Animal was managed with controlled diet and limited movement.

The frequency of dystocia in Boxer breed was considerably higher than the average dog population mostly due to uterine inertia and the need for veterinary assistance during whelping (Forsberg and Persson, loc. cit). The pre-parturient rupture of uterus often resulted from external trauma, but rupture during whelping was likely to occur by presence of infection, a dead foetus, uterine torsion or careless obstetrical procedures (Hajurka et al., loc. cit) and also due to excessive doses of oxytocin (Jackson, 2004). In the present case, the uterine rupture probably occurred due to an oversized foetus and uterine inertia. Here no uterotonics were used but the excessive straining by the bitch might have played a major role in uterine rupture. The bitch made an uneventful recovery and showed no complications when it was presented for removal of sutures 10 days after operation. The owner was advised to avoid mating for one year.

**References**


