A Rare Incidence of Uterine Rupture and Foetal Escape in a Cat

S.Dharmaceelan¹, K.Jayakumar, S.Senthilkumar and A.Kumaresan
Department of Veterinary Surgery and Radiology, Veterinary College and Research Institute (TANUVAS), Namakkal, Tamilnadu, India.

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Abstract
A two year old non-descript pregnant queen cat was presented with a history of bitten by another cat. Examination revealed protrusion of foetal limbs through the bite wound in the lateral abdominal wall. The cat was anaesthetized and the two intra abdominal dead foetuses were recovered. In the other horn two more foetus were palpated and recovered live by enbloc resection of uterus. Key wards: Foetal escape, cat, bite injury, uterine rupture.

Treatment and Discussion
The cat was anaesthetized with anaesthetized with Xylazine (0.5 mg/kg i.m.) and Ketamine (5 mg/kg i.m.) and maintained with isoflurane. The wound lips in the bite site were extended and the abdominal cavity was entered. Protruded dead foetus through the tear in the uterus was removed. The affected uterine horn was pale with uneven torn injury and lost its normal texture. The other uterine horn was normal with two fetuses (Fig 2). Enbloc resection was employed and two live kittens were recovered. On further examination one more dead foetus was found in abdominal cavity and recovered. The surgical site closed after debridement of the wound edges as per the standard procedure. Post operatively the cat was immunized with tetanus toxoid and antirabies vaccines. The sutures were removed on the 8th day. The cat recovered uneventfully with two live kittens.

Uterine rupture in general is more common in dogs than in cats and is more commonly seen as a complication secondary to dystocia or exogenous oxytocin or prostaglandin administration (Linde-Forsberg, 2010). Uterine rupture in a pregnant bitch can occur after uterine torsion, iatrogenic trauma, or pyometra or can develop as a result of a preexisting injury, such as a scar or perforation (Jackson, loc cit). Uterine rupture and foetal escape in cats were not reported in the literatures. However Bhowmick et al. (2011) reported an abdominal evisceration in a cat due to dog bite. Signs of systemic illness and a foul and fetid uterine discharge were reported in bitches undergoing maceration after uterine rupture (Johnston et al., 2001). In the present case the cat was active and alert and no adhesions, peritonitis and bleeding from the injured site were observed due to the early admission well within the golden

¹Corresponding author : Email : dharmaceelan@gmail.com
hours of an injury. Considering the emergency the cat was not subjected for further radiological and ultrasound investigations for the number and livability of fetuses. The reasons for death during post operative period explained in reports were advanced peritonitis or toxaemia along with inadequate post operative monitoring of the animal once it showed signs of improvement. The uneventful recovery in the present case could be due to the early admission, immediate surgical intervention and better postoperative care.

To conclude a rare case of uterine rupture with foetal escape in a queen cat was managed successfully and recovered two dead foetuses escaped through the uterine rupture and two live kittens present in the other uterine horn by enbloc resection.

References


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