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Management of post-queening unilateral uterine horn prolapse with involvement of the uterine body in a Persian queen cat

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Abstract
A two-year-old female Persian cat, queened 8 hours ago, was presented to the Small Animal Obstetrics and Gynaecology unit with a protruding mass through the vulvar region. On clinical examination, rectal temperature was 103.1°F. On physical examination, prolapse of the uterine horn with the uterine body was noticed. After haematology and serum biochemistry analysis, it was decided to proceed with surgical management. Under injectable anaesthesia, by mid-ventral laparotomy incision, the prolapsed uterine horn was reduced, repositioned, and an ovariohysterectomy was done as per standard operating procedure. After 7 days of post-operative management, the cat recovered uneventfully.

Keywords: Persian queen, uterine prolapse, ovariohysterectomy, cat recovered uneventfully

1. Introduction
Uterine prolapse is a rare complication in queen cats and is reported in cats aged 10 months to 6 years (Wallace, 1970; Ucmak *et al.*, 2018) [1, 2]. It occurs shortly after queening or up to 48 hours after delivery of the last kitten or after a prolonged queening/abortion (Ozyurtlu and Kaya, 2004; Valentine *et al*, 2015) [3, 4]. This condition occurs more frequently in cats than in dogs because cat endures increased straining at the time of normal or prolonged parturition, discomfort after queening or due to incomplete placental separation (Deroy *et al.*, 2015; Jarolmasjed, 2017) [5, 6]. It can be unilateral or bilateral uterine horn prolapse with or without involvement of the uterine body. The prognosis depends on the duration of the prolapse, the severity of tissue damage and the body condition of the animal. The present case addresses the clinical management of unilateral uterine horn prolapse in a Persian queen.

2. Case history and clinical observation
A two-year-old female Persian cat was presented to the Small Animal Obstetrics and Gynaecology unit of Madras Veterinary College teaching hospital with a mass protruding through the vulval region. The owner reported that the queen delivered two dead kittens 8 hours ago. On clinical examination, all vital parameters were within the normal range, except for a mild elevation in rectal temperature (103.1°F). Physical examination revealed a weak body condition, with prolapse of both the uterine horns covered with bloody discharge and debris. Further, detailed examination of the prolapsed mass revealed a unilateral uterine horn with the uterine body that was prolapsed out, but was visualised as bilateral uterine horn prolapse. Haematological examination showed mild neutrophilia, while serum biochemical parameters were within normal range.

3. Treatment
Based on the above clinical examinations, the condition was diagnosed as complete uterine horn prolapse (Figure 1), and hence, surgical intervention was planned.

Preoperatively, the animal was stabilised with inj. Ringer's lactate (10ml/kg b.wt. IV) and inj. Cefotaxime (@ 20 mg/kg b. wt IV). The animal was premedicated and induced with inj xylazine hydrochloride (1 mg/kg bwt, IM), inj. Ketamine (10 mg/kg bwt) and inj. Butorphenol (0.1mg/kg bwt). Anaesthesia was induced and maintained with ketamine + diazepam complex in the ratio of 4:1. The surgery was performed by a midventral approach, and upon incision, the right horn was found to be invaginated and the left horn was everted with the uterine body (Figure 2). First, the right uterine horn was carefully retracted, and the invagination was corrected. Then the left uterine horn was grasped and by gentle traction, both horns were repositioned, followed by OHE was done as per standard procedure. The linea alba and subcutaneous area were closed separately using polyglycolic acid (size 2-0) in a continuous suture pattern, while the skin incision was closed using polyamide (size 2-0) in a cross-matress suture pattern. Postoperative care includes fluid for three days and antibiotic therapy along with meloxicam for five days. Furthermore, a tab of Cabergoline (5 micrograms/kg body weight PO) was advised for 7 days to prevent galactostasis. The sutures were removed after ten days, and the cat recovered without any complications.

4. Discussion

Uterine prolapse is an obstetrical emergency that accounts for approximately 0.6% of maternal causes of dystocia in cats (Ekstrand and Linde-Forsberg, 1994) [7]. Clinical signs are quite obvious, which include protrusion of a mass from the vulva, vaginal discharge, straining, restlessness, and in delayed cases it may progress to shock and toxaemia (Deroy *et al.*, 2015) [5]. The prognosis is guarded to poor depending upon the degree of uterine damage and time of veterinary intervention (Deroy *et al.*, 2015) [5]. In the present case, due to poor management of the pet and weak body condition, together with the presence of dead fetuses, may induce tenesmus and result in uterine horn prolapse. Further, intussusception of one of the uterine horns noticed during surgery would clearly emphasise the reason for the occurrence of unilateral uterine horn prolapse. Treatment approaches vary with the extent of tissue damage (ischemia, necrosis, and oedema), *viz.*, manual repositioning, uterine amputation, surgical repositioning via laparotomy, or ovariohysterectomy (Sabuncu *et al.*, 2017; Feldman and Nelson, 2004) [8, 9]. However, immediate surgical intervention is highly required whenever severe vagina bleeding is noticed as to minimise the risk of uterine artery rupture or internal iliac avulsion, which could lead to fatal outcomes (Miesner, 2008) [10]. Thus, early recognition of clinical signs and prompt treatment are significant to prevent life-threatening complications in cats.

Fig 1: Uterine horn prolapse in a Persian cat

Fig 2: Invaginated of the right uterine horn

Conclusion

The present paper reports the successful surgical management of post-queening uterine prolapse in a Persian cat. Prompt aseptic surgical intervention and effective post-operative management play an important role in the smooth recovery of an animal without any complications.

Conflict of Interest

Not available

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Not available

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