

Surgical management of dystocia in a Persian cat: a case of transverse foetal presentation

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The management of dystocia in queen cats can be categorized into medical and surgical approaches, depending on factors such as the underlying cause, findings from physical examination, diagnostic results, and the type of uterine inertia involved (Gangwar *et al.*, 2025). Medical interventions may include the administration of oxytocin and calcium, often combined with gentle manual manipulation of the birth canal to facilitate delivery (Pretzer, 2008). When medical treatment proves ineffective or is contraindicated, such as in cases of obstructive or destructive dystocia, prompt surgical intervention via caesarean section is recommended to ensure the safety of both the queen and the foetuses (Oliveira, 2016).

A 1.5-year-old Persian cat weighing 3.56 kg was presented with the history of dystocia. According to owner the cat had completed full gestation period of 65 days. The queen displayed signs of restlessness, inappetence and rapid breathing approximately 1-2 hours before the delivery. After delivering the first live kitten 12 hr ago, the queen was unable to deliver the remaining kittens, and there was continuous bleeding from the birth canal. Abdominal palpation revealed the presence of more foetuses. Lateral abdominal radiographic view revealed 2 foetuses remained undelivered (Fig. 1). On USG examination, no signs of foetal viability (heart beats) were found in both foetuses. On per-vaginal examination, no foetus was palpable in the birth canal and per-vaginal assisted delivery seemed difficult due to secondary uterine

inertia. The case was diagnosed as dystocia due to secondary uterine inertia. Hence, induction of parturition was decided.

The queen was administered with slow intravenous infusion of oxytocin (0.5 IU/kg body weight), amoxicillin-sulbactam (Amoxyrum forte; 12.5 mg/kg) and calcium gluconate (Calcium Sandoz; 20 mg/kg in normal saline solution) and 20 mL of 25% dextrose over three hours. Inj. ethamsylate (10 mg/kg, i.v.) was administered to control the haemorrhage. The owner was advised to observe the queen for signs of parturition. After 8 hr of induction of parturition, one stillborn kitten was delivered. But, even after 24 hr of induction, the queen was unable to deliver the second kitten. Next day, on per-vaginal examination the birth canal was found relaxed and the foetus was not palpable in the birth canal. Hence, by adopting the standard protocol, caesarean section followed by ovariohysterectomy was performed. During surgery, the foetus was found transversely engaged at the junction between the uterine horns, and the uterine body was extracted carefully through an incision on the right horn (Fig. 2). The dead kitten was removed, and the uterus was ligated using a Lambert suture pattern with absorbable suture material (Polyglactin 910 No. 1). The peritoneum, muscles, and subcutaneous tissues were closed with Polyglactin 910 in a simple continuous suture pattern, while the skin was sutured with Polyamide (Nylon) using a horizontal mattress suture pattern.



Fig. 1: Lateral view abdominal radiograph showing 2 foetuses remained undelivered.



Fig. 2: Extraction of transversely engaged foetus at the uterine horns junction by making incision on right horn.

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Uterine inertia, may be due to muscle exhaustion, may have disrupted the coordination required for effective parturition. Another contributing factor can be the uterus's inadequate response to oxytocin, often resulting from hormonal imbalances or underlying pathological conditions that interfere with the hormonal signals initiating labor. Additionally, calcium deficiency can impair muscle contraction, as calcium plays a crucial role in the contraction mechanism (Pretzer, 2008).

Bailin *et al.* (2022) referred that the maternal origin of dystocia in the cat was considered the major cause (69%) and the fewer causes related to foetal origin (31%), as in the present report dystocia was due to the maternal factor. Similarly, Naoman (2021) reviewed the dystocia in cats in the period 2018-2021 and reported that dystocia is relieved by hormonal treatment and other medication in 17.07% and by caesarean section in 82.93% of cats. In the present case, the situation differed from the previous report (Gangwar *et al.*, 2025), in which dystocia was due to the presence of two dead kittens in the uterine horn and the entire uterus with dead kittens was removed. But in present case the kitten was found transversely engaged at the junction between the uterine horns and the uterine body. This abnormal positioning may have prevented the kitten from being delivered per vaginum, even after induction therapy. However, in contrary to our findings, Yuliati *et al.* (2020) reported dystocia in a cat due to uterine torsion which was addressed by ovariohysterectomy. Similarly, Talukder *et al.* (2021) relieved dystocia in a cat by C-section and removed two emphysematous fetuses from both the horns.

Successful surgical management of secondary uterine inertia with transverse presentation of foetus through caesarean section in a full-term pregnant Persian cat highlights the importance of timely diagnosis and prompt surgical intervention.

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CORRIGENDUM

The authorship of the research paper entitled “Evaluation of intraperitoneal splash block by lignocaine and ropivacaine on stress parameters in dogs undergoing keyhole ovariohysterectomy,” published in *Indian Journal of Veterinary Surgery*, **46(2)**: 123–125, December 2025, was inadvertently published as: Md. Moin Ansari^{1*}, Alisa Shafi², D.M. Makhdoomi³ and Showkatul Nabi⁴

The authorship should be corrected and read as: Alisa Shafi¹, Md. Moin Ansari^{2*}, D.M. Makhdoomi³ and Showkatul Nabi⁴

The above correction may kindly be noted in the published record.