

SURGICAL MANAGEMENT OF COMPLETE UTERINE PROLAPSE IN A CAT

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Uterine prolapse is an uncommon and infrequent complication of parturition in cat. It occurs immediately or over a period of 48 hours after delivery of the last neonate. Uterine prolapse is an eversion of the organ which turns inside out as it passes through the cervix into the vagina. The prolapse can be complete, with both horns protruding from the vulva, or limited to the uterine body and one horn (Deroy *et al.*, 2015). The etiology of uterine prolapse is unknown.

It was thought to occur as a result of decreased myometrial tone that might allowed the uterus to fold in and permit part of the wall to move towards the pelvic inlet (Murphy and Dobson, 2002).

A 9 months old Domestic shorthair female stray cat was presented with the

history of prolapsed uterus through the vulva. Physical examination revealed the cat was dehydrated. Prolapsed uterus was necrotic with laceration and infested with live maggots. The condition was diagnosed as complete uterine prolapse based on clinical observation (Figure 1). Preoperative haematology, serum biochemistry values were within the normal range. Cefotaxime @ 20 mg/kg body weight was given intramuscularly. The cat was premedicated and induced with xylazine 0.5 mg/kg and ketamine @ 10 mg/kg body weight intramuscularly. Endotracheal intubation was done after topical application of 2% lignocaine. General anaesthesia was maintained with 2% isoflurane with 100% oxygen. Ringer's lactate was administered at 10 ml/kg/hour intravenously. The cat was positioned in sternal recumbency. The live maggots were removed and the dirt and debris were flushed and irrigated with normal saline. A clamp was applied on the prolapsed uterine body, proximal to the clamp ligation was made with PGA 2-0, and the prolapsed uterine portion was amputated distal to the suture and then the proximal portion with ligation were repositioned into the vagina. Cefotaxime @ 20 mg/kg and butorphanol @ 0.2 mg/kg body weight was

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given intramuscularly for three days follow up. Cat recovered uneventfully.

Uterine prolapse is relatively uncommon in cats and accounting for 0.6% of the maternal cause of dystocia. Clinical signs include vaginal discharge, straining, restlessness, pain and protrusion of a mass from vulva and signs may progress to shock and toxemia (Deroy *et al.*, 2015). Uterine prolapse can be associated with uterine rupture (Carreira *et al.*, 2012). Uterine prolapse is an obstetrical emergency and require immediate attention to decrease the risk of uterine artery rupture or avulsion from the internal iliac leading to fatal haemorrhage (Miesner, 2008). The treatment for uterine prolapse depends upon the severity of damage to the uterus. The prognosis following treatment for a uterine prolapse is guarded depending on the timing of veterinary intervention (Deroy *et al.*, 2015).

In the presented case, the occurrence of uterine prolapse was unknown as it was stray cat and the prolapsed uterus was contaminated and infested with live maggots. Hence manual reduction of the uterus was not attempted. It is concluded that surgical amputation of the prolapsed uterus was successful in managing complete uterine prolapse in cat.

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Fig.1 Complete uterine prolapse