



Management of a Rare Case of Uterine Torsion in a Sirohi Doe - A Case Report

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Abstract

A two-year-old Sirohi doe in first parity with a complete gestation period was brought to Veterinary Clinical Complex (VCC), DUVASU, Mathura, with a history of straining for two days. The doe showed all signs of parturition, including engorgement of teats and loosened sacro-sciatic ligaments. Per-vaginal examination revealed one finger dilation of the cervix with right-sided twist of caudal vaginal mucosal folds through the cervix, which confirms pre-cervical uterine torsion. Radiography also revealed the presence of two foetus. Detorsion was achieved by rolling the doe by the modified Schaffer's plank method. Then followed by incomplete cervical dilation therapy that resulted in the successful removal of one live male fetus and another dead female fetus within ninety minutes of dilation therapy with gentle traction. The animal recovered uneventfully after treatment with an antibiotic and supportive therapy for four days.

Keywords: Dystocia, Modified Schaffer's Plank Method, Sirohi Doe, Uterine Torsion.

Introduction

Uterine torsion refers to the rotation of the pregnant uterus on its longitudinal axis. Torsion of the gravid uterus is a cause of dystocia in all domestic species and is most common in buffaloes, relatively common in cattle and rare in other domestic animals (Parkinson *et al.*, 2019). In small ruminants, incidence of dystocia due to uterine torsion in goat is around 2% of total dystocia cases (Jackson, 2004). Low incidence of uterine torsion in goat accounts due to frequent bicornual pregnancy. Moreover, incidence of uterine torsion in goats is lower because of sub-lumbar attachment of mesometrium instead of sub-ilial as found in cattle (Sood *et al.*, 2002). The other possible reason ascribed for inter-species variation is the greater athleticism of the sheep and goat in rising to their feet from recumbency (Noakes *et al.*, 2019).

Case History and Observations

A two-year old Sirohi doe in first parity with complete gestation period brought to Veterinary Clinical Complex (VCC) DUVASU Mathura with history of straining from last two days. The doe showed all signs of parturition including engorgement of teats and loosened sacro-sciatic ligaments. On general examination, the Doe was exhausted and appetite was reduced since 12 hours. The rectal temperature was recorded 100.2°F and conjunctival mucous membrane was pinkish. Per-vaginal examination revealed one finger dilation of cervix with right-sided twist of caudal vaginal mucosal folds through cervix which confirmed pre-cervical uterine torsion. Radiography also confirms presence of two foetus (Fig: 1).

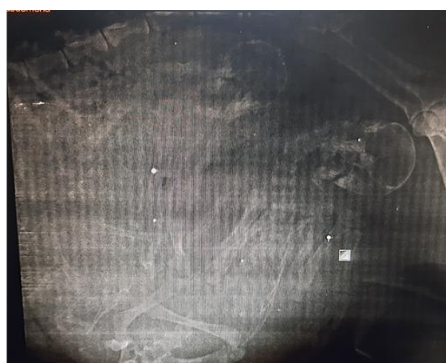


Fig. 1: Radiograph showing two fetal heads/skeleton

Treatment and Discussion

In the present case, the per-vaginal examination revealed that the cervix was one finger dilated. Further cervical examination revealed the presence of right side pre-cervical uterine torsion. Modified schaffer's method was applied for detorsion of uterine torsion. The animal was casted on the right lateral recumbency, and wooden plank (60cm x 40cm x 4cm) was placed on the left flank region one end on the ground, the other end pressured against abdomen with hand to fix the fetus in position inside the abdominal cavity and the doe was rolled towards right side by maintaining the pressure on the plank. Detorsion was achieved by one successful rolling, and it was evidenced by appearance of discharge through the vulva (Fig: 2). Though cervix was three fingers dilated so per vaginal delivery of foetus not possible, therefore dilation therapy was provided via Inj. Dexamethasone sodium phosphate @ 12 mg (3ml) (Dexasone, Cadila pharmaceuticals), Inj. Cloprostenol @ 250µg (1ml) (Vetmate, Cargill Vetcare), Inj. Oestradiol Benzoate @ 1mg (1ml) (Preg heat, Virbac), Inj. Valethamate Bromide @ 24 mg (3ml) (Epidosin, Bharat Serum and Vaccine Limited) were given through Intramuscular route along with fluid therapy-RL 500 ml and DNS 500 ml (Alembic pharmaceuticals Ltd).

After 90 minutes of dilation therapy, both forelimbs of fetus were in the birth canal. Now both forelimbs were repelled inside. Thereafter, head was approached by applying small eye hook on inner canthus of foetus eye then mild traction was applied on forelimb and head that lead to successful removal of one live male foetus (Fig: 3). Further, another foetus was presented in posterior longitudinal presentation and removed by applying traction at both the hindlimbs, but no sign of viability was present (Fig: 4). Immediately after extraction Inj. Oxytocin @ 20 IU (Syntocinon, Novartis) was administered intramuscularly and placenta was expelled, so Bol. Steclin (500 mg)

@ 3 bolus (Tetracycline HCl, Zydus) was administered via intrauterine route. Moreover, the Doe was provided Inj. Floxidin vet @ 4 mg/ kg (Enrofloxacin 10%, Intervet India Pvt. Ltd.), Inj. Melonex @ 1mg/ kg (Meloxicam, Intas) and supportive drugs Inj. Tribivet @ 2ml (Intas), Bol. Involon @ 1/2, BID (Natural remedies) was also given systemically for the next four days.



Fig. 2 : Discharge indicates detorsion achieved



Fig.3: Showing dam and live male fetus



Fig. 4 : Dead female fetus

Uterine torsion is generally considered to be relatively rare in the doe (Purohit, 2006). Diagnosis is difficult and can be made in post-cervical uterine torsion by typical folds in the vagina (Sharma *et al.*, 2004; Jakkali *et al.*, 2022). Pre-cervical uterine torsions or torsions of lesser degree are difficult to be suspected because of the inability to perform transrectal examination in the small ruminants. Despite variations in the incidence of torsion in different species, instability between the horns during gestation is considered to be a major cause for uterine torsion (Roberts, 1986) and is fetus with the associated movement of the animals being more prone to uterine torsion (Braun, 1997). There are mainly two procedures to resolve the uterine torsion which include rolling of the dam while giving pressure on the abdomen using a wooden plank as per modified Schaffer's method (Raja *et al.*, 2013) and caesarean section (Bansod and Srivastava, 1991).

In the present case, uterine torsion was detorted using a wooden plank (60cm x 40cm x 4cm) as per modified Schaffer's method. Similarly, cases of uterine torsion and their management with modified Schaffer's method reported previously (Sharma *et al.*, 2018; Chahar *et al.*, 2018).

Conclusion

Timely diagnosis and correction of uterine torsion results in healthy delivery of newborn with good health of dam.

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Contribution by Authors

All the authors contributed equally to writing the manuscript. The final manuscript was read by all authors and consented to publication.

Conflict of Interests

There is no conflict of interest.

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