Case Report

Uterine Torsion: A Cause of Dystocia in Doe

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Abstract

Dystocia due to post-cervical clockwise torsion of uterus in a non-descript doe with its clinical management by modified Schaffer's method using a hollow iron pipe was recorded. The method was found effective and inexpensive to manage per-vaginal delivery of a dead male kid without any obstetrical complications.

Key words: Doe, Modified Schaffer's Method, Uterine Torsion, Traction

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Introduction

Uterine torsion is life threatening disease for both dam and fetus wherein gravid uterus rotates on its longitudinal axis with twisting of anterior vagina near to the full term pregnancy (Noakes *et al.*, 2001). It is frequently observed in dairy cattle and buffalo but occasionally in ewe, doe, mare, bitch and queen. Its incidence is comparatively lower in small ruminants as compared to bovines probably due to sub-lumbar attachment of mesometrium and frequent bi-cornual pregnancy (Roberts, 1971), and accounts about 2 percent of dystocial factors (Jackson, 1995). The treatment regimens for the uterine torsion include rolling of dam while giving pressure on flank (Dhaliwal *et al.*, 1986) and caesarian section (Bansod and Srivastava, 1991) especially when other obstetrical maneuvers are failed to deliver fetus. The modified Schaffer's method of treating uterine torsion is routinely attempted in bovines; however, its application is scanty in small ruminants. Therefore, the present case is placed on record.

Case History and Clinical Observations

A non-descriptive four-year-old full-term pregnant doe on its third parity was brought to Dr. V. M. Jhala Clinical Complex with the history of restlessness, anorexia, frequent laying down and getting up, absence

of vaginal discharge and intermittent abdominal straining since 14 hours but failed to deliver the kid. The doe had the body temperature of 101.5 °F, respiration and heart rates of 28/min. and 74/min., respectively. Animal also exhibited the typical clinical symptoms of uterine torsion viz. abdominal pain and distended abdomen. Per vaginal examination revealed a severe twist of cranial vagina directed towards the right side resulting in to narrowing of birth canal which unable the palpation of cervix and fetal parts. The history, clinical signs and vaginal examination warranted the doe to suffer from right side post cervical uterine torsion of 360°.

Obstetrical and Therapeutic Maneuvers

The doe was restrained on right lateral recumbancy, and both fore and hind limbs were tied separately. A small hollow iron pipe of approximate 100 cm length and 6 cm diameter was used as plank. It was placed over the left flank region of abdomen with the other end still on ground in order to fix the uterus externally (Fig. 1). The doe was rolled slowly on same side of torsion by maintaining the minimum constant pressure over the plank (Fig. 2).

Fig. 1: Plank fixed on the left flank region of the torsion affected doe

Fig. 2: Rolling in progress with maintaining pressure over the flank

At the end of each rolling, detorsion was assessed by per-vaginal examination. The vaginal twist was relieved completely after the four rotations which were confirmed by palpation of fully dilated cervix and appearance of water bag besides fetal parts through the cervix. A dead male kid in anterior longitudinal presentation, right dorso-iliac position with extended forelimbs was delivered by applying gentle traction (Fig. 3). The doe was medicated parentally with fluid, antibiotic, antihistaminic and analgesic at standard therapeutic dose regimens for 5 days. The pessary containing urea and nitrofurazone was also placed in utero. The doe was followed till complete clinical recovery.

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Fig. 3: Dead male kid delivered after detorsion

Results and Discussions

The clinical findings except the non-appearance of water bag and fetal extremities, revealed that the affected doe exhibited the symptoms almost similar to that which had gone to approach the normal kidding. It is probably due to facts that most uterine torsion commonly occurs during the late first or second stage of parturition as documented earlier (Noakes *et al.,* 2001). The clinical symptoms shown in the present case are similar to those reported by Siddiquee and Chaudhary (2000) and Ansari (2014) whereas direction and location of the torsion are corroborated by earlier reports of post cervical and clockwise twist diagnosed by Shukla *et al.* (2007) and Mahto and Kushum (2014). Uterine torsion has been reported to be relieved by caesarean in small ruminants (Shukla *et al.*, 2007 and Ansari, 2014) apart from simple rolling of dam with proper stabilization of vagina and application of pressure on flank region (Dhaliwal *et al.*, 1986). Generally, modified Schaffer's method of rolling has been documented for large animals (Roberts, 1971). However, it was also attempted in the present case and was found effective to detort the uterus and subsequently the per-vaginal delivery of a dead male kid. The rolling of dystotic doe did not result adversely neither during the detorsion progress nor post obstetrical maneuvers.

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