Clinical Report

Surgical Treatment of Uterine Prolapse in a Mare: Clinical Report

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Abstract

Case Description- A 6-year-old mare suffering from uterine prolapsed was presented to the veterinary clinic. The uterus was prolapsed 4 hours following a normal foaling.

Clinical Findings- Initial evaluations of the uterus revealed that prolapsed part of uterus (about 60 centimeters) was congested but its endometrial tissue was seen viable.

Treatment and Outcome- Before treatment, epidural anesthetization was applied to prevent straining. Then the prolapsed uterus was washed by normal saline and following a distended bladder was drained by a soft rubber stallion catheter. Finally the prolapsed part of uterus was returned to its normal anatomic position by gentle manipulation. To prevent the recurrence of prolapse vulva was sutured by Buhner's method. Administrations of intramuscular oxytocin, systemic antibiotics with flunixin meglumine and calcium gluconate solution were post-operative procedures in 5 days.

Clinical Relevance- Uterine prolapse is not a common condition in the mare. Uterine prolapse in the mare is easy to replace when treated in the early period. If the uterine prolapse is recognized early and treated immediately, prognosis is usually good.

Key words: Uterine prolapse, Mare, Normal foaling, Buhner's Method.

Case Description

A 6-year-old mare was presented to the Veterinary Clinic of Lorestan University with uterine prolapsed. The prolapse was started 4h following a normal foaling and had 10h time left before admission. The owner claimed that the mare had given birth to two normal foals without any uterus complication previously.

Clinical Findings

The animal was standing, and the clinical examination revealed that even though the overall condition was good, the pulse and respiration rate were slightly above the average value (pulse: 62, respiration: 31). Mild-to-moderate symptoms of restlessness, pain and anxiety were observed. Examination of the uterus revealed that the body of the uterus was hanging out by about 60 cm outside the vulva and that it had a normal appearance (Fig.1). Uterine endometrium was congested. Uterus was edematous and stained with blood clots. The uterus was placed inside plastic bags to reduce the risk of puncturing or lacerating. The plastic bags are removed as the uterus was pushed inside the vagina.

A distended bladder was be drained before attempting to replace the uterus by passing a soft rubber stallion catheter through the urethra.

Fig. 1: The body of the uterus was hanging out by 60 cm outside the vulva and uterine endometrium was congested and edematous.

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