Surgical Management of Bilateral Uterine Horn Prolapse in a Labrador Bitch - A Case Report


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Abstract
A Labrador bitch with bilateral horn prolapse was brought to Madras Veterinary College Teaching Hospital and the everted uterine horn was gently pulled inside and relived the eversion after mid-ventral laparotomy under general anesthesia. The ovariohysterectomy was performed as per standard procedure to avoid further reoccurrence.

Key words: Bitch, Ovariohysterectomy, Uterine horn prolapse

Uterine prolapse is a rare clinical condition in bitches with a reported incidence of 0.03% (Wood, 1986). It may happen in first pregnancy, but is most likely after a bitch has had several litters, with or without complications. Uterine prolapse is eversion of a portion of the uterus through a dilated cervix and the vagina until it becomes visible at the vulva in variable extension (Davidson, 2009). The condition usually results from prolonged straining during the birth of puppies. It may also arise with forceful extraction of the fetus during a difficult delivery or with excessive traction on retained fetal membranes after delivery.

Case History and Observations
A five year old Labrador weighing 36 kgs was presented to the Small Animal Gynaecology unit of Madras Veterinary College Teaching Hospital with the history of sudden protrusion of large mass from the vulva following whelping. The bitch had whelped four healthy puppies in the last night with the last pup delivered two hours before. The vital parameters were within the normal limits. The prolapse of both horns of uterus was found outside the vulval lips (Fig. 1) and the mass was slightly swollen and congested with no evidence of lacerations, necrosis and tear.

Treatment and Discussion
The bitch was prepared and operated for ovariohysterectomy under general anaesthesia following standard procedure. A linear midline laparatomy incision was made and the prolapsed uterine mass was identified and with gentle traction the everted uterine horns were gently pulled and the eversion relieved (Fig. 2). The uterine serosa was found to be intact (Fig. 3) and ovariohysterectomy was performed as per standard procedure. The abdominal incision was sutured and skin closed in standard pattern and the patient was put on oral antibiotics and pain medication for five days post-operatively. The midline laparotomy incision sutures were removed on the ninth post-operative day and the patient recovered uneventfully (Fig. 4).

Uterine prolapse is seldom observed in dogs, in particular when associated with parturition as compared to other species (Johnson, 1989). The condition usually results from prolonged straining, inappropriate obstetrical technique, faulty administration of oxytocin, forceful manual intervention during which leads to uterine prolapse (Hedlund, 2007; Reichler and Michel, 2009). The clinical signs are haemorrhage, the contamination of the abdominal cavity with uterine and foetal fluids and the retention of a foetus in the uterus (Payan-Carreira et al., 2012).

A partial or hidden uterine prolapse may require digital examination or vaginoscopy to confirm the diagnosis. Laboratory tests, x-rays,
and/or an ultrasound may be recommended to rule out retained fetuses, vaginal tumors and twisting of the uterus. Manual reduction of the prolapse may be possible however, recurrence is common, and hence, the animal is often spayed after the uterus is back in the abdomen. If only partial replacement is achieved and the owner wants to use the animal for future breeding, abdominal surgery is required to further return the uterus to its normal position. Prognosis is good following surgical removal of the uterus.

References
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