



ISSN (E): 2277-7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2022; SP-11(7): 3374-3375
© 2022 TPI
www.thepharmajournal.com
Received: 12-04-2022
Accepted: 15-05-2022

Virendra Singh
Department of Animal
Husbandry and Dairying
Government of Haryana,
Veterinary Surgeon,
Govt. Veterinary Hospital,
Gehli, Mahendergarh, Haryana,
India

Mansingh
Department of Animal
Husbandry and Dairying
Government of Haryana,
Veterinary Surgeon
Govt. Veterinary Hospital
Butana, Sonapat, Haryana, India

Corresponding Author
Virendra Singh
Department of Animal
Husbandry and Dairying
Government of Haryana,
Veterinary Surgeon,
Govt. Veterinary Hospital,
Gehli, Mahendergarh, Haryana,
India

Clinical management of uterine torsion in a doe: A case report

Virendra Singh and Mansingh

Abstract

A non-descript full term doe in its 4th parity with history of intermittent straining and unable to kid was presented for treatment. Upon gynecological examination right side post-cervical uterine torsion was diagnosed and relieved by modified Schaffer's method. Following correction, one live male kid was delivered per vagina and the doe had an uneventful recovery.

Keywords: Dystocia, uterine torsion, doe, modified Schaffer's method

Introduction

Abnormal or difficulty in giving birth is referred to as dystocia (Youngquist and Threlfall, 2007) [11], Blood *et al.* (2011) [3] also defined dystocia as difficulty in parturition to the point of needing human intervention. Uterine torsion is a maternal dystocia characterized by rotation of the gravid uterus on its longitudinal axis, similar to an intestinal volvulus (Roberts, 1982) [6]. Rotation of the uterus on its longitudinal axis is most commonly found in cattle and buffalo, once in a while in doe and ewe and seldom in mare, bitch and sow (Morrow, 1986) [5, 12]. It is a complication of pregnancy resulting due to immediate predisposing factors like falling, rolling or lack of exercise. Most torsion occurs in the second stage of labor or the latter part of the first stage (Roberts, 1982, Morrow 1986) [6, 5, 12]. In general management procedures employed to relieve uterine torsion include simple rolling and caesarean section. Modified Schaffer's method of treating uterine torsion though attempted in cows, its application in does is rarely reported. This paper describes the successful correction of uterine torsion in a doe by Modified Schaffer's method.

Case history and observation

A local non-descript 3-year-old doe at full term was presented to the hospital with the history of intermittent straining to kid since last twelve hours and failure to deliver. All the signs of kidding were evident. The animal was showing exhaustive expulsive efforts, moderately anorectic but thirsty, having colic, kicking at its abdomen and there was no sign of appearance of water bag when presented for treatment. The clinical examination revealed elevated rectal temperature, respiration rate, heart rate with shrunken eye balls. Digital examination per vagina revealed twisting of the vagina and vaginal folds (>90°) were directed towards the right side which was further confirmed by vaginal speculum and it was diagnosed as right-sided post-cervical uterine torsion.

Therapeutic and obstetrical management

The doe was casted on the right side and both fore and hind limbs were held separately. Detorsion was done by Modified Schaffer's method using a small wooden plank measuring about 1 m length and 15 cm wide, placed on the upper abdomen with the other end still on the ground (Plate-1). A constant pressure was applied on the center of the plank. The doe was slowly rolled to the opposite side of torsion (Plate-2), with single rotation, partial detorsion was achieved and the procedure was repeated once again. Following the second rotation, complete detorsion was accomplished, as evidenced by palpation of the fully relaxed cervix and fetal parts. The fetus was in anterior longitudinal presentation, dorso-sacral position with extended fore limbs. Traction was applied to supplement maternal efforts and a live male kid was delivered weighing 3.5 kg. Supportive treatment with fluid, 10 units of oxytocin and enrofloxacin @ 5mg/kg b.wt were administered and the treatment was advised further for 5 days.

Discussion

Exact etiology of uterine torsion is still obscured. Any deviation which permits increased mobility of uterus may predispose to uterine torsion (Sloos and Duffy, 1980). Other predisposing factors for uterine torsion in does could be falling, rolling or inadequate exercise (Sood *et al.*, 2002) ^[10]. This may be primarily due to certain anatomical characteristics in the suspension of bovine uterus which permits abnormal movements. The low incidence of this malady in caprine may be either due to sub lumbar attachment of mesometrium rather than subillial as in cows (Arthur *et al.*, 1989) ^[1] or due to higher frequency of twin pregnancy which might be attributed to greater curvature of the gravid uterus (Roberts, 1982 and Arthur *et al.*, 1989) ^[6, 1]. In the present case imbalance of uterus from single fetus might have resulted in imbalance of uterus predisposing to torsion. The treatment regimen for uterine torsion in does include rolling of dam while stabilizing of vagina, rolling of dam while giving pressure on flank or caesarean section (Dhaliwal *et al.*, 1986, Bansod and Srivastav, 1991) ^[4]. Modified Schaffer's methods of rolling was attempted to correct torsion. Successful detorsion and vaginal delivery of a live fetus following detorsion is in agreement with reports by Sathiamoorthy and Kathirchelvan (2005) ^[7]. On contrary, Shukla *et al.*, (2007) ^[8] resorted to caesarean section as a treatment for uterine torsion. The favorable outcome of dam and fetus in this case authenticate application of Modified Schaffer's method as a correction method for torsion of uterus in caprine.

Summary

In the present communication, a case of dystocia due to uterine torsion in a pluriparous non descriptive doe and its successful obstetrical management is reported.

References

1. Arthur GH, Naokes DE, Pearson H. Veterinary reproduction and obstetrics. 7th Edn., Saunders company, Philadelphia, Pennsylvania, 1989.
2. Bansod RS, Srivastava AK. Uterine torsion in goat. Indian journal of animal reproduction. 1991;12(1):106-107.
3. Blood DC, Studert VP, Gay CC. Saunders Comprehensive Veterinary Dictionary (4 th Edition). London: Saunders, 2011.
4. Dhaliwal GS, Vasishta NK, Sharma RD. Uterine torsion in goat-A case Report. Indian journal of animal reproduction. 1986;11(2):172.
5. Morrow DA. Current Therapy in Theriogenology, 1 st Edn., Saunders company, 1986, 864-65.
6. Roberts SJ. Veterinary Obstetrics and Genital Diseases, 2 nd Edn., CBC Publishers New Delhi, 1982.
7. Sathiamoorthy T, Kathirchelvan M. Uterine torsion in a goat. Indian Veterinary Journal. 2005;82:984.
8. Shukla MK, Siddique GM, Nair R. Clinical Management of Uterine Torsion in Goat. Indian journal of Veterinary Research. 2007;16:29-31.
9. Sloss V, Duffy JH. Dystocia, Displacement of the gravid uterus. In: Sloss V and Duffy J.H. editors. Hand book of Bovine Obstetrics. Baltimore, Maryland: Williams and Wikins, 1980, 108-110.
10. Sood P, Singh M, Vasishta NK. Uterine torsion in goat. Indian journal of animal reproduction. 2002;23:203.
11. Youngquist RS, Threlfall WR. Current therapy in large

animal Theriogenology (2 nd Edition).Elsivier Health Sciences, 2007.

12. Morrow DA. Current Therapy in Theriogenology, & quot; 1 st edition WB Saunders company, 1986, 864-865.