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Secondary uterine inertia: A cause of dystocia in a queen

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Abstract

An eight (8) months old mixed breed queen was presented to the Teaching Veterinary Clinical Complex, College of Veterinary Sciences and A.H., Central Agricultural University with a history of difficulty in parturition. As per the report of the owner the queen has delivered one live fetus one day ago. On clinical examination the tail of one fetus was seen hanging from the vulva of the queen. The queen was dull, depressed, severely dehydrated and exhausted due to straining for long. Then on the basis of clinical symptoms it was diagnosed as dystocia due to secondary uterine inertia. The queen was stabilised with fluid therapy and was relieved from dystocia with forced traction by enough lubrication with Carboxy Methyl Cellulose. Antibiotic and vitamin injection was prescribed as a therapeutic management and it was recovered uneventfully.

Keywords: Dystocia, secondary uterine inertia, queen, Carboxy methyl cellulose

Introduction

Dystocia (Difficult birth) occurs when the first or second stage of labour is prolonged and assistance is required for delivery. It is of either fetal origin or maternal origin or both. Dystocia in cat mostly occurs due to maternal causes (67%), out of which uterine inertia being the prime cause occurs about 60.6 % of cases [1]. In the present study we going to discuss a case of dystocia in a cat due to fetal disproportion resulting in secondary uterine inertia.

Anamnesis

An eight (8) months old mixed breed queen of 3 kg body weight was presented to the Teaching Veterinary Clinical Complex, College of Veterinary Sciences and A.H., Central Agricultural University with a history of difficulty in parturition. As per the report of the owner the queen has delivered one live fetus one day ago. The queen is not taking food for almost 1 day.

Clinical observation

The queen was dull, depressed, severely dehydrated and exhausted due to straining for long. The animal is little fat compared to the age. On clinical examination the tail of one fetus was seen hanging from the vulva of the queen (fig 1). Body temperature was 102°F.

Diagnosis

On the basis of history and clinical symptoms it was diagnosed as dystocia due to fetal disproportion resulting in secondary uterine inertia.

Treatment

The queen was infused with dextrose saline (5%) solution @ 80 ml intravenously and stabilised. Then the genital tract was well lubricated by infusing carboxy methyl cellulose with the help of a syringe (fig 2) was relieved from dystocia by forced traction and a dead fetus was recovered (fig 3). As therapeutic management the queen was injected, Ceftriaxone antibiotic (Intacef, Intas pharmaceuticals) @ 30mg/kg intravenously once daily for 3 days, vitamin B-complex injection (Tribivet, Intas pharmaceuticals) intravenously along with dextrose fluid (5%, @ 80 ml once daily) for 3 days and 1ml of Meloxicam + paracetamol (Melonex plus, Intas pharmaceuticals) intramuscularly. The queen recovered uneventfully.

Discussion

The dystocia in the present case was due to fetopelvic disproportion which results in secondary uterine inertia. Ekstrand and Linde-Forsberg, 1994 also reported that secondary uterine inertia is a consequence of another cause of dystocia, such as fetopelvic disproportion, in which uterine contraction ceases after a period of non-productive activity [1]. The abdominal tone deteriorate in fat animals, reducing the efficiency of the abdominal straining that is so important in the second stage of labour.



Fig 1: Tail of fetus hanging from the vulva of the queen

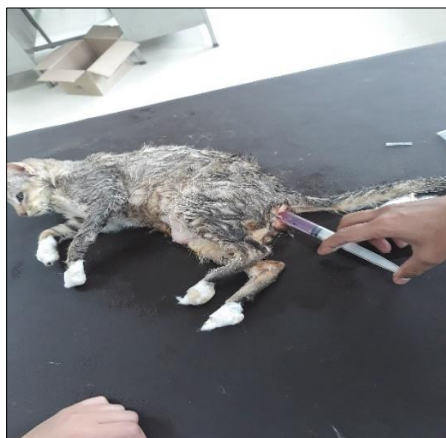


Fig 2: lubrication of genital tract by Carboxy methyl cellulose



Fig 3: Dead fetus recovered after forced traction

Conclusion

In the present case, dystocia was caused due to fetopelvic disproportion which results in secondary uterine inertia and was relieved by forced traction with enough lubrication of genital tract and intravenous fluid therapy.

References

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