Successful nonsurgical management of uterine torsion in the mare
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Uterine torsion, the relatively uncommon pathologic rotation of the uterus along its long axis, occurs most commonly from late gestation until term in the mare. Standing flank laparotomy or ventral midline celiotomy are the most commonly accepted methods of treatment for equine uterine torsion. Rolling of the anesthetized mare is the seldom used nonsurgical approach which has been shown to increase rate of survival for both mare and foal.

A 15-year old Thoroughbred mare was referred for colic symptoms and impending abortion (280 days gestation). Transabdominal ultrasound revealed an abnormal location of the fetus and a fetal heart rate of 88 bpm. The left broad ligament was displaced to the right and dilated vessels were identified near the cervix (color flow Doppler), consistent with a right uterine torsion. After induction of general anesthesia, the mare was placed in right lateral recumbency with a wooden plank positioned in the flank to stabilize the fetus during rolling. The mare was rolled twice to correct the torsion. Position of the broad ligaments was assessed after each rolling. Transabdominal and transrectal ultrasounds were performed to assess fetal well-being, combined thickness of the uterus and placenta, and areas of separation, which were all within normal limits. The day following admission, the mare was discharged from the hospital. A healthy filly was delivered at 340 days of gestation.

Rolling of the mare is an acceptable alternative to surgery, provided that the direction of the torsion can be definitively determined, there is no gastrointestinal tract entrapment, the degree of rotation is not severe, and the mare is not at term. Nonsurgical treatment does not allow examination for gastrointestinal involvement, but eliminates the occurrence of post-operative complications for the mare and fetus and is more economically feasible, offering an effective non-surgical alternative for treatment of uterine torsion.

References