Correction of uterine torsion in a 17 year old Belgian mare via bilateral flank laparotomy

K.S. Black, A.K. Johnson, R.R. Wilborn

James W. Goodwin & Joy Goodwin Adams Equine Reproduction Center, Department of Clinical Sciences, College of Veterinary Medicine, Auburn University, Auburn, AL, USA

Uterine torsions account for 5-10% of serious obstetric problems in mares\(^1\) and concurrent gastrointestinal complications occur in up to 53% of cases.\(^2\) Determining the etiology of abdominal discomfort in the late gestation mare can be difficult. Diagnosis by transrectal palpation and ultrasonography may be impeded by the fetus.

Uterine torsion must be corrected swiftly and the uterus returned to its normal position for the pregnancy to proceed to term.\(^3\) Prolonged cases may result in uterine rupture, septicemia, or gastrointestinal complications. Methods for correction include rolling, standing flank laparotomy, and ventral midline celiotomy.\(^2,4,5\) The technique chosen is influenced by severity of the mare’s pain, fetal viability, uterine size, surgeon’s preference, and financial constraints.

A 17 year old Belgian mare was referred for abdominal pain of 12 hours’ duration. She was reported to be approximately 10 months in foal at time of presentation. No definitive diagnosis was reached following transrectal palpation and ultrasonography, nor could fetal viability be ascertained. Initial medical management was unsuccessful in relieving the colic and surgical exploration followed. A standing left flank laparotomy was performed and a 360 degree clockwise uterine torsion was diagnosed. A second laparotomy incision was made in the opposite flank to facilitate manipulation and correction of the torsion.

The mare recovered well from surgery, but aborted 48 hours later and retained the placenta. Treatment with uterine lavage and oxytocin over a period of 50 hours resulted in passage of the placenta.

Survival of the mare and foal following uterine torsion requires prompt diagnosis and correction. Differentiation between displacement and uterine torsion may be difficult, and surgery may be required for definitive diagnosis. While a ventral midline approach is preferred in cases when the source of abdominal discomfort is unclear, flank laparotomy may be a viable alternative in cases with financial constraints or high anesthetic risk.

**Keywords:** Uterine torsion, pregnancy, equine, flank laparotomy, colic.

**References**


