Ovarian abscess in a maiden mare

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A 17 year-old maiden Quarter Horse mare was referred to Texas A&M University after a one week history of intermittent colic and pyrexia (102-104°C). She was subsequently diagnosed with a unilateral ovarian abscess. Colic and pyrexia tend to be associated with gastrointestinal distress in the horse but may also result from ovarian pathology.1,2

At admission, the mare had hyperfibrinogenemia, neutrophilia, globulinemia and was bright, alert, and normothermic (100.1°F). Transabdominal ultrasonography and abdominocentesis identified an increased amount of orange-opaque peritoneal fluid (923,000 WBC/µL [85% neutrophils]). Initial treatment included antibiotics, anti-inflammatory and anti-ulcer medication. The following day, manual and ultrasonographic evaluation of the reproductive tract determined the mare had poor perineal conformation, pneumouterus and an enlarged right ovary with two fluid-filled cavities (~5 and 6 cm in diameter). The right ovary was removed and histopathologic diagnosis determined it was an anovulatory hemorrhagic follicle with an adjacent ovarian abscess.

The differential diagnosis for an “enlarged” ovary in the mare includes neoplasia, hematoma, transitional ovary, and abscess.3-5 Ovarian abscess is uncommon, but tends to be associated with a fever of unknown origin and colic similar to the mare in this case.6 Ovarian abscesses may result from rough handling of the ovary, ovariocentesis, hematogenous spread of bacteria, or migration of strongyle larva.2,6-8 In this case, the mare had never been bred or any history of ovarian manipulation, but did have a potential source of infection (pneumouterus). Although relatively common in cattle,9 ascending infection from the uterus to the oviduct and ovary is rare in the mare because of the presence of the oviductal papilla.10 An ovarian abscess should be considered in the differential diagnosis for a mare with intermittent colic and fever of unknown origin.

References