Uterine horn torsion associated with a mummified fetus in a ewe
E.L. Larsonberg, L.K. Pearson, A.J. Campbell, A. Tibary
Comparative Theriogenology, Department of Veterinary Clinical Sciences, Washington State University
College of Veterinary Medicine, Pullman, WA

Diagnosis of uterine torsion in small ruminants is rare, but has been described in either direction, of variable severity, and with variable numbers of fetuses.1 This case is the first known report of uterine horn torsion associated with a fetal mummy in ewes.

A 5–year-old multiparous Icelandic ewe presented for dystocia of 2.5 hours duration. Reproductive examination demonstrated a partially dilated cervix; failure of cervical dilation and uterine torsion were considered differential diagnoses. Ultrasonography was not performed due to the duration of dystocia. A cesarean section was performed via left flank approach. A 180-degree uterine horn torsion was identified intraoperatively which contained a mid-term fetal mummy. The contralateral uterine horn contained two viable lambs which were delivered without complication. The mummified fetus, placenta, and ewe serum were submitted for diagnostic testing which was negative for infectious causes of abortion. The fetal size and development and lack of infectious agents suggest that the uterine horn torsion occurred in mid-gestation, resulting in fetal blood supply occlusion and mummification. Both live-born lambs developed high temperatures and respiratory distress several hours after birth, which resolved by 12 hours of age, and likely was due to hypoxic stress during dystocia. The ewe recovered uneventfully and was maintained on the farm for fiber production.

This case is an example of a disease that is not well-characterized in small ruminants and proposes a mechanism of non-infectious fetal mummification in the ovine. The finding of uterine horn torsion versus the more typical uterine body torsion was notable. Transabdominal ultrasonography would have been helpful in this case to identify altered uterine blood flow associated with the horn torsion and mummy as well as fetal viability. Practitioners should consider uterine torsion as a contributing factor to dystocia, especially in cases of failure of cervical dilation.

Keywords: Ovine, dystocia, cesarean section

Reference