Post-dystocia bladder paralysis and cystitis in a mare: medical management and outcome

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A 5-year-old Lusitano mare was referred to the WSU-VTH theriogenology service due to urinary problems 19 days following a dystocia which resulted in delivery of a healthy foal. Transrectal palpation, ultrasonography and vaginoscopy revealed two perivaginal masses, each approximately 7 cm in diameter extending from the vestibular area cranially, as well as a severely distended urinary bladder with an irregular wall contour. Blood work showed elevated BUN, creatinine and normokalemia. A diagnosis of bladder atony due to foaling trauma was made. Empiric therapy was initiated with broad-spectrum antimicrobials and an indwelling urinary catheter. Bethanechol was added as adjunctive treatment for the bladder atony. Specific antimicrobial therapy was started based on urine culture of multi-drug resistant E. coli and Enterococcus spp. Subsequent bladder lavage and infusion of antimicrobials was performed daily for five days. The mare was discharged 41 days post-dystocia and at six months was clinically healthy.

Foaling has been suspected as a cause of urinary incontinence in horses. However to our knowledge there are no clinical reports documenting this condition and its clinical outcome post-dystocia. Urinary incontinence due to bladder paralysis generally has a poor prognosis due to the fact that there is long-standing (months to years) detrusor muscle dysfunction before incontinence becomes a recognizable problem. Our case illustrates this delayed clinical recognition, as urinary incontinence took 16 days post-dystocia to develop in this mare. It also demonstrates how important post-dystocia monitoring is and the ramifications of genital lesions on other systems. Equine theriogenologists should remember to monitor the urinary system following dystocia as urinary complications are not rare. Clear communication with clients as to the need of intensive medical management, possible complications and prohibitive cost of care is critical.

Key words: Bladder atony, dystocia, mare, cystitis, bethanechol.

References