Baytril®, a commercially manufactured suspension of enrofloxacin, has been demonstrated to cause severe inflammation and degeneration of the endometrium when infused into the uterus of mares. However, little information is available regarding the management and future fertility of these cases following infusion. This abstract describes the history and clinical findings in a mare that received a single intrauterine (IU) infusion of Baytril®. A 17-year-old warmblood mare was presented for reproductive evaluation with the following history: Culture of an endometrial swab yielded growth of Enterobacter cloacae and a single IU infusion of an undisclosed quantity of Baytril® was administered. Severe endometritis occurred following infusion, and several uterine lavages recovered hemorrhagic and fibrinous exudate. Following this treatment the mare was bred once unsuccessfully with cooled-shipped semen, and at 15 days post-ovulation transrectal ultrasound revealed a small amount (<0.5cm in the dorso-ventral plane) of anechoic fluid in the uterine lumen. 48 days after the initial Baytril® infusion the mare was referred for reproductive evaluation. Transrectal palpation and ultrasonography revealed active ovaries, no uterine edema, <1 cm of anechoic luminal fluid, and a moderately toned cervix. Digital evaluation of the cervix revealed no abnormalities. Hysteroscopy demonstrated numerous circumferential, white, fibrous adhesions coursing diffusely over the surface of the endometrium. Only one small (<2 cm wide) transluminal adhesion was seen located at the base of the left uterine horn and extended from the two to seven o’clock position. Loss of the normal endometrial architecture was further evidenced by linear and punctate ulcerative lesions spread in a multifocal pattern from base to tip of both horns. Histologic evaluation of samples collected from the endometrium revealed a category IIB biopsy with mild diffuse lymphocytic infiltrate of the stratum compactum, mild fibrosis circumscribing individual glands (one to three layers) and three glandular nests per 5 mm linear field. A second biopsy performed 60 days later was a category III with significant increase in the amount of fibrosis present, three to five layers of fibrocytes circumscribing individual glands and five glandular nests per 5 mm linear field. Based on the severity of these findings, it was determined that existing conventional treatments would be unlikely to normalize the endometrium adequately to support pregnancy, even following prompt aggressive therapy.

This case summarizes the history and clinical findings in a mare following Baytril® infusion and highlights the benefit of hysteroscopy as a diagnostic tool to determine the extent of damage following caustic infusions.

**Keywords:** Enrofloxacin, mare, hysteroscopy, endometritis

**Reference**