Fetotomy of a foal maldisposition (hurdling) due to a congenitally contracted hindlimb

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An 8yr-old Tennessee Walking Horse mare was presented to the Illinois Veterinary Teaching Hospital for dystocia lasting two hours. Obstetrical evaluation revealed an enlarged foal in cranial presentation, dorsal iliac position, with forelegs crossed over the head and neck (“foot-nape position”). Fetal malposture was corrected and obstetrical chains placed for traction in conjunction with uterine and abdominal contractions. The foal was successfully protruded from the vagina up to hip level, however, despite continuous traction, rotation, and additional lubrication, delivery was unsuccessful. Hip-lock or hindleg fetal malpostures were suspected. Examination revealed congenital contracture of the right hindlimb, placing the foal in a hurdled malposture. The mare had severe hindlimb paresis and ataxia, consistent with nerve compression. She was administered intravenous hypertonic saline, dextrose, and flunixin meglumine to enable transportation to the hospital. On arrival, the mare was induced under general anesthesia (GA) for fetotomy. A cut was made at the foal’s femoral epiphysis to release its hips and left hindlimb, allowing the right hindlimb to be easily removed. Reproductive evaluation revealed major vaginal and vulvar bruises but no tears. The placenta passed shortly after oxytocin (20IU IV) administration. Postpartum care consisted of intravenous fluids for 24h, gentamicin (6.6 mg/kg IV), procaine penicillin G (22,000 IU/kg IM), metronidazole (10 mg/kg PO), flunixin meglumine (1.1 mg/kg IV), tetanus toxoid, thiamine (2g IM) and dexamethasone (50 mg IV). The mare had severe bilateral hindlimb paresis and took two hours to stand after GA. Uterine lavages were performed daily, and Quadritop ointment was applied to her cervix and vagina to aid healing. The mare was monitored for postpartum complications (metritis, necrotic vaginitis, and laminitis) and discharged from the hospital after 3d with instructions to administer oxytocin (20UI q 8hr) and trimethoprim sulfa (30 mg/kg PO q 12h). She was found to be healing properly at 7d recheck.

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