

CAESAREAN SECTION IN CAT- A CASE REPORT

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ABSTRACT

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A cat was reported with the history of greenish vaginal discharge and overdue pregnancy of about 3 days. One dead foetus was already removed manually by a local vet. Abdominal palpation and per vaginal examination revealed presence of one dead foetus inside the birth canal which was later confirmed using Ultrasonography. So caesarean section operation was performed using ventral midline approach and one dead, emphysematous and emaciated foetus was removed.

Key words: Caesarean section, feline, dystocia.

Introduction

Dystocia is a medical term that describes any type of difficulty during birth. A completely normal birthing is both physically and mentally taxing on the cat, so any problems during the process are serious. Dystocia is the primary factor in initiating secondary uterine inertia. Primary uterine inertia implies an original deficiency in the contractile potential of the myometrium. It is less common than secondary uterine inertia. (Patil and Hase, 2013). Mal-presentation, mal-position of foetus, foetal oversize, malformation of foetus and narrow birth canal are the causes of secondary uterine inertia (Kulkarni *et al.*, 1968)

History and Clinical Examination:

A cat was presented with the history of blackish green vaginal discharge and overdue pregnancy of about 3-4 days with inappetence. The history and clinical signs indicate dystocia as she had crossed 3 to 4 days more than normal pregnancy 60 ± 5 days (Roberts, 2002). Abdominal palpation and per vaginal examination revealed presence of 2 dead foetuses which were later confirmed using ultrasonography. Efforts were made to remove the foetuses manually with the help of whelping forcep but could not be expelled out due to abnormal presentation of foetus present on the anterior aspect of birth canal and also due to narrow birth canal of the queen. So in order to save the life of queen an emergency caesarean section operation was decided.

Treatment and Discussion

The cat was premedicated with atropine sulphate @ 0.04 mg/kg body wt. and a combination of Inj. Siquil^{***} and Inj. Ketamine^{****} was given Intramuscularly (i.e. Siquil 0.3 ml and Ketamine 0.9 ml). The cat was secured in Vento-dorsal position and the surgical site was prepared aseptically from umbilicus to Symphysis pubic (Photo 1). The cat was given 100 ml of Intravenous DNS prior to Surgery. A 6 to 8 cm long midline skin incision was taken from umbilicus towards pelvis. Then the muscles and peritoneum was incised and the gravid uterine

horns were carefully exteriorized from the abdominal cavity (Photo 2). The uterine horns were carefully packed from all sides with the help of gauze in order to avoid the infiltration of uterine fluid into the peritoneal cavity. An incision was taken at the body of uterus and one dead emphysematous and emaciated foetus was removed (Photo 3). The uterine incision was closed using double layer of inversion sutures i.e. Cushing followed by Lambert with chromic catgut No. 1/0 (Photo 4). The skin was then closed using nylon. Post operatively Inj. Melonex^{*} was given @ 0.5 mg/kg body wt. for 3 days. Inj. Intamox^{**} 250 mg was administered for 5 days. Daily dressing of the operative site was carried out for five days with Povidone iodine (5%) solution and sutures were removed on the 11th postoperative day.

Discussion

Caesarean section operation was performed as part of emergency operative procedure since its delay could have resulted in death of dam due to toxemia. Abnormal presentation and narrow birth canal posed difficulty in labour which lead to dystocia. The cat showed uneventful recovery and there was complete healing of surgical wound on 10th postoperative day. Fluid therapy was given prior to operation in order to regain strength and to overcome the dehydration and exhaustion which has been caused during expulsion of foetus. The cat started feeding from next day itself. In various cases like narrow birth canal, uterine torsion (Kulkarni *et al.*, 1965) abnormal size of foetus, presentation of foetus (rupture of uterus) and posture to relieve dystocia and to save the life of foetus and dam, caesarean section has been indicated (Arthur *et al.*, 1989)

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Note: *Inj. Melonex- Intas Pharmaceuticals, Ahmedabad containing Meloxicam; ** Inj. Intamox - Intas Pharmaceuticals, Ahmedabad containing Amoxicillin 250 mg and Cloxacillin 250 mg; ***Inj. Siquil - Zydus AH Pharmaceuticals Ltd, containing Triflupromazine hydrochloride 20 mg/ml; **** Inj. Ketamine- Neon Pharmaceuticals, containing 50 mg/ml of Ketamine Hydrochloride.



Fig. 1: Queen prepared aseptically for Surgery in Ventro-dorsal position



Fig. 3: Dead emphysematous foetus removed from uterus



Fig. 2: Left Gravid Uterine Horn of Queen



Fig.4: The uterine horn sutured using Cushing followed by Lambert sutures

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