

Date: 27.05.2024

Symptoms in Uterine Torsion

1. The symptoms of torsions of the uterus in the cow prior to parturition may be completely lacking if the torsion is of a mild degree, 45 to 90 degree or even 180 degree.
2. When the torsion is 180 degrees or more, definite signs of abdominal pain usually may be noted, such as anorexia, constipation, lack of ruminations, weak and colicky symptoms, treading, and tail switching.
3. These symptoms may be confused with traumatic gastritis, indigestion, pyelonephritis, or intestinal intussusception.
4. Uterine torsion during pregnancy in ewe is characterized by a stiff, stilted gait and a stretched, saw horse attitude resembling signs of peritonitis and intussusception or volvulus.
5. Whenever any cow over six months pregnant shows these suggestive symptoms, a rectal examination should always be made to determine if torsion of the uterus is present.
6. In right torsion the right broad ligament is pulled strongly downward and under the twisted uterine body or vagina, and the left broad ligament is pulled tightly across over the top of the cervix, the body of the uterus, and the vagina, toward the right side.
7. In counter-clockwise, or left torsion the location and direction of the two broad ligament is reversed, and the right broad ligament crossing over the top of the twisted portion of the birth canal.
8. The middle uterine arteries on both sides are tightly stretched.
9. The amount of tension on the broad ligaments and arteries will indicate the severity of the torsion.
10. The foetus is often difficult to palpate but the position of the foetus in the uterus in advanced pregnancy may help indicate the degree of torsion.
11. A dorso-pubic position of the foetus usually occurs when the torsion is 180 degree.
12. A rectal examination is preferred over a vaginal examination because occasionally the twisted portion of the genital tract may lie cephalad to the cervix in the region of the body of the uterus and not extend back into the vagina.
13. In most cases of torsion of the uterus in cows or mares the cephalic portion of the vagina is involved, the vaginal wall are spirally twisted and a stenosis of the vagina is present.
14. Starting from the dorsum of vagina, if the folds spiral forward and downward to the left, or counter-clockwise left torsion is present and if the folds spiral downward and forward to the right or clockwise it is a right torsion of the uterus.
15. Rarely torsion may be suspected on external examination of the vulva by dorsal commissure being pulled forward to the left or right. This is more noticeable in advanced pregnancy when the vulva is relaxed and edematous.
16. In severe cases of torsion occurring in late pregnancy the blood supply to and from the uterus is severely restricted or cut off.
17. In these cases marked symptoms of complete anorexia and constipation, fetid diarrhoea, complete lack of ruminations and rumen activity, very rapid and weak pulse, rapid respirations, expiratory grunt, normal to subnormal body temperature, cold extremities, shock, collapse, and death may occur within 24 to 72 hours.

18. In other cases the foetus may die, become emphysematous and macerate or become mummified and the cow develop only slight or mild symptoms.
19. A rectal examination may reveal chronic adhesions, perimetritis, or even an extra uterine foetus if the uterus has ruptured.
20. This latter condition usually occurs at the time of parturition.
21. In sheep symptoms are similar to those in cattle.
22. In multipara, symptoms of abdominal involvement in advanced pregnancy should always cause suspicion of torsion of the uterus.
23. An exploratory laparotomy in sheep and multipara is often indicated.

PROGNOSIS

1. The prognosis in torsion of the uterus prior to parturition depends upon the degree of torsion, the severity of symptoms and the length of time it has existed.
2. In mild cases without symptoms-found by accident on rectal examination-in which torsion is occasionally 180 degree but usually 90 degree or less, the prognosis is good, since the torsion seldom worsens, the treatment is often not necessary.
3. In 180 degree to 270 degree torsions causing definite symptoms that are diagnosed and treated early, the immediate prognosis is usually good for the dam and foetus, but the torsion may occasionally recur prior to parturition.
4. In advanced, severe and neglected cases the prognosis is poor for the life and reproductive life of the dam and usually the foetus is dead.

TREATMENT

1. Depending upon the circumstances the two treatments most apt to be successful in ante natal cases of 180 degree to 270 degree torsion in which the condition is diagnosed promptly are:
 - i. Rolling of the cow,
 - ii. Schaffer's method described by Arthur, or
 - iii. Correcting the torsion manually by means of a laparotomy.
2. The latter technique was highly satisfactory by a flank approach in either the recumbent or standing mare.
3. It has been reported that 5 of 10 mares in which torsion of the uterus was corrected by rolling died; this technique was more dangerous than a laparotomy.
4. Attempts at correcting torsion by manipulation through the rectum or vagina or both in cows in which the cervix is sealed are usually not successful.
5. Hoisting the rear parts of the cow to effect reduction of the torsion is crude and unnecessary.
6. In rare cases caesarean section may be indicated when pregnancy is near term.
7. Extra uterine foetuses, foetal maceration or mummification associated with torsion are handled as described previously.
8. In advanced severe cases in which gangrene of the uterus is present, laparo-hysterectomy is indicated in the bitch and cat but is usually unsuccessful in the cow.