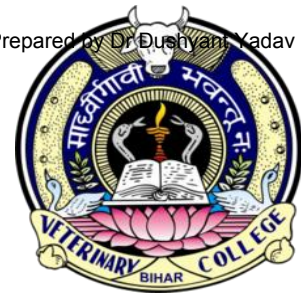




Prepared by Dr. Dushyant Yadav



Postpartum Diseases and Complications **Part-4** (**Uterine Rupture**)

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Uterine Rupture

‘Observed occasionally in late pregnancy or during parturition or may be result of dystocia or other reasons’

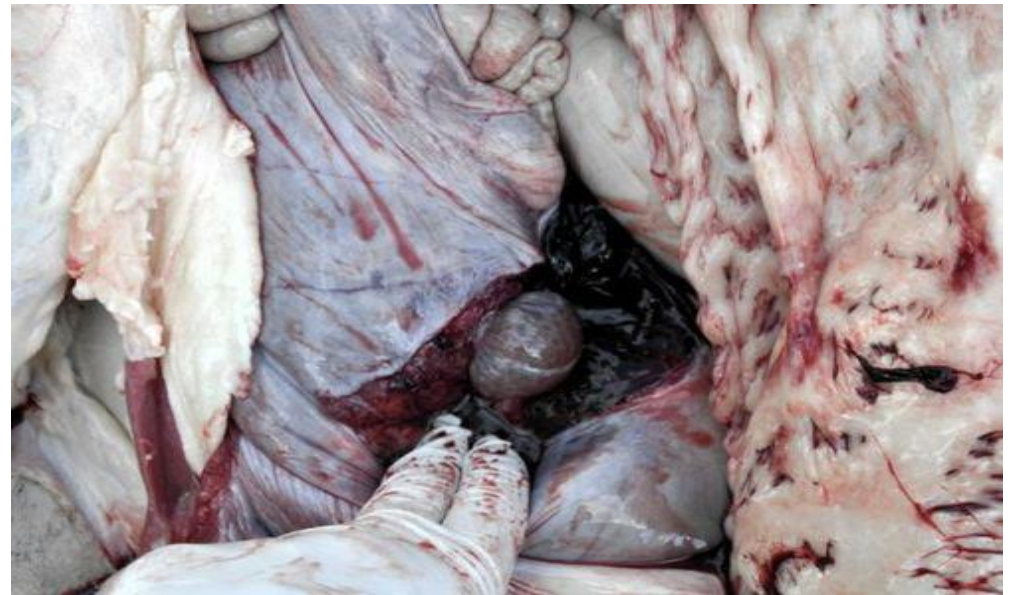
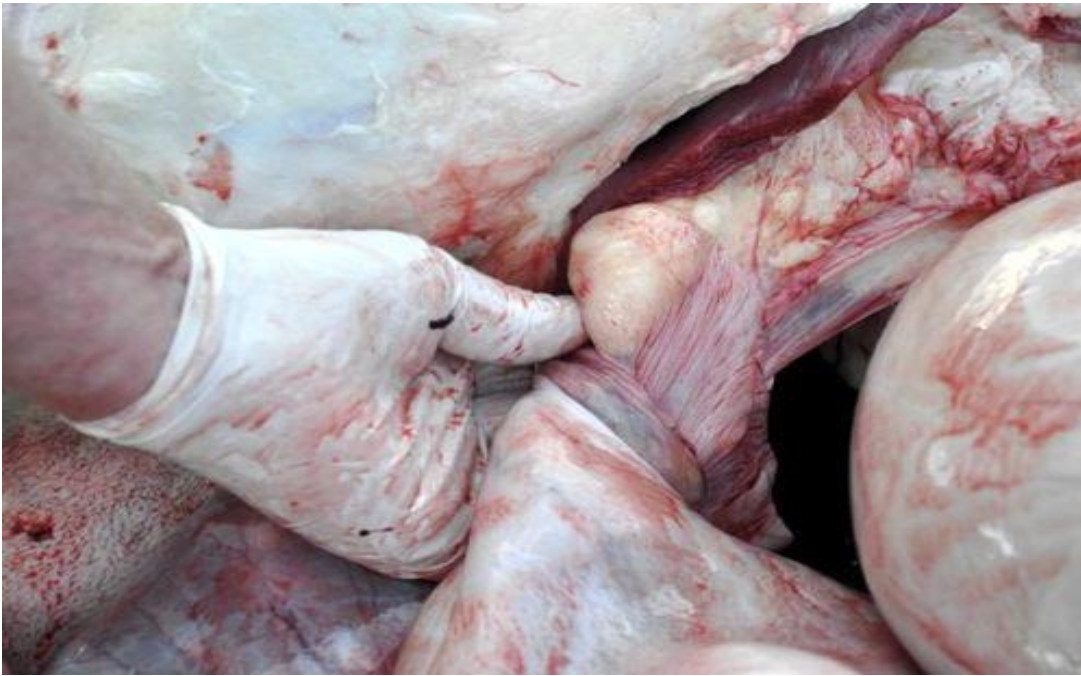
- ✓ Majority of rupture- greater curvature
- ✓ Rare at cervical end/body of uterus

Incidence

- Rare
- More in young age cattle
- Common in beef cattle

Fig: Uterine Rupture

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Etiology

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- Traumatic accident in late pregnancy
- Uterine torsion, uterine prolapse
- Incompletely dilated cervix
- Posterior presentation of fetus
- Large fetus, Fetal emphysema, Malformation
- Dropsy of fetal membranes
- Adhesion of the uterine wall
- Faulty obstetrical technique, Excessive force traction
- During retropulsion
- Incorrect fetotomy techniques etc.



Symptoms

- ✓ Straining-if rupture occurs at expulsive stage of parturition
- ✓ **Cessation of straining** after rupture
- ✓ Dull, depressed and anorectic animal
- ✓ **Ruminal stasis** may be
- ✓ Recumbancy and expiratory grunt some times
- ✓ Per vaginal exam.-**uterine tear may be palpated**
- ✓ If rupture is less than 24 **hrs-edges are irregular**, soft and friable with freshly clotted blood
- ✓ Long standing cases- edges become smooth and indurant
- ✓ Small intestine may be found inside the uterus during examination
- ✓ Rectal examination is more helpful to find the rupture; ect.



Sequelae

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- ✓ Peritonitis
- ✓ Delayed uterine involution
- ✓ Adhesions
- ✓ Metritis
- ✓ Endometritis
- ✓ Pyometra
- ✓ infertility
- ✓ Systemic illness
- ✓ **Death**

Prognosis: Grave, death rate is very high if not correct by surgical intervention.



Treatment and Management

- **Vaginal delivery attempted only when fetus is easily accessible**
- **Laprotomy**
- **Repair of rupture after cesarean section**
- **Continuous blind suturing may be done per vaginal if rupture end is easily approachable with the curved needle**



Precautions

- ✓ Handle the case as soon as possible
- ✓ Sepsis should be maintained during repaired
- ✓ Don't go for per rectal or per vaginal examination when bleeding is profuse
- ✓ Bleeding end should be checked if rupture occurred during dystocia handling
- ✓ Laprotomy must be followed if rupture is not in approach



Supportive therapy

- **Broad spectrum antibiotic systemic and intra-uterine both**
- **Ecbolic** drugs eg. Oxytocin, Herbal preparations
- **Fluid** and Calcium therapy
- **Anti-inflammatory** etc.



THANK YOU

