

Retention of fetal membranes in an Arabian mare: a case report

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يصف هذا التقرير احتباس الأغشية الجنينية في فرس عربي وتقنية علاجها الناجحة.

Retention of fetal membranes (RFM) is properly regarded as potentially more serious problem in postpartum mares and must be handled with care (1). Failure to passage part or all of the allantochorionic membrane with or without the amniotic membranes within a prescribed period of the time as retention of the fetal membranes. The length of time varies among authors from 30 minutes to 6-12 hours (2-4). Retention of fetal membranes has been described as retained placenta or retention of afterbirth. This condition is reported to occur with a frequency of 2 to 10.5% in draught horses (5). Retained placenta is more common in draft breed than in median or light breed (6). Reports concerning incidence or treatment of retained placenta in Arabian mares are not available. This report describes the first case of retention of fetal membranes in an Arabian mare in Iraq and how it was handled.

History and clinical signs

The Arabian mare involved was ten years old. The owner came to the clinics of the Department of Surgery and Obstetrics, College of Veterinary Medicine, University of Mosul, and claimed that his animal had foaled since 48 h, and had a large mass pushed out of the vulva and had signs of colic. On the animal house, we expected to find the Arabian mare with a retained placenta. The animal was in lateral recumbency, frequently rolling and kicking. Examination of the mare revealed a rapid shallow abdominal respiration, highly congested mucus membrane with signs of dehydration. The fetal membranes were

protruding from the vulval lips approximately 10-15 cm in diameter and reached below the animals' hocks when she stood. The animal has unusual gait and unusual stance by attempting to bear more weight on the rear limbs than the forelimbs. The rear limbs are placed further forward under the animal than normal and was in obvious colic pain.

Treatment

The mare was treated with 5 x 10⁶ IU procaine penicillin G and 5 g dihydrostreptomycin i.m. daily for 5 days and a single injection of 40 IU of oxytocin and antihistamine were performed intramuscularly. After 2 days, a uterine lavage of 3 L was performed using sterile N-saline containing 3x 10⁶ IU procaine penicillin G and 3 g dihydrostreptomycin per liter. The owner was advised to reduce quantity of roughages and completely eliminate grain from the diet. After one week the owner reported, that she was doing well. In our opinion, those neither flushing the uterus nor removal of the placenta are indicated in mares with retained placenta. Manual removal of placenta may result in separation of microvilli from the large portion of the fetal membranes. In such instances, the microvilli then have to liquefy from the maternal crypts and be expelled or absorbed by the uterus. Rough manipulation of the uterus might increase blood supply and potentially increase the absorption of substances from the uterine lumen into circulatory system.

