Surgical and Medical Management of Uterine Tears

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Key Points
- Mare survival can be 75% after uterine tear.
- Medical or surgical treatments can yield similar survival rates.
- Tears are more likely to occur in the right uterine horn than in other parts of the uterus.
- The severity of a tear that can resolve with medical treatment is unknown.

Peritonitis in the peripartum mare can be caused by tearing or vascular compromise of the gastrointestinal, reproductive, or urinary tracts. Most uterine tears are thought to occur during stage two of delivery but can develop spontaneously or during dystocia. Within the first few days after parturition, mares with uterine tears have depression, anorexia, colic, and fever. Diagnosis of uterine tear can be made by transrectal or transvaginal uterine palpation, although palpation allows limited access to the large postpartum uterus in mares. Uterine rupture is considered the most likely diagnosis in postpartum mares with peritonitis and no cytologic evidence of gastrointestinal tract rupture, even when a tear cannot be palpatated.

Surgical repair of a uterine tear has been recommended for preservation of the mare’s life and breeding soundness. Surgery offers the advantage of identifying the cause of peritonitis when a tear cannot be palpated. Successful medical treatment of peritonitis from confirmed uterine tears has been reported. Because surgery might not always be an option, a recent study examined outcome (survival, breeding soundness) after medical or surgical treatment in postpartum mares with a confirmed or presumptive tear.

In 49 mares that met the inclusion criteria, admitting complaints included signs of colic (19), fever (18), and depression (9). Twenty-nine mares were examined by transvaginal palpation but a uterine tear was only detected in 9 mares (31%). Tears in the uterine body (5 of 5) were significantly ($P = .005$) more likely to be palpated than tears in a uterine horn (4 of 17, 24%). Tears were significantly more common in the uterine horn (20; 74%) than in the body (7; 26%; $P = .001$), and in the right (13; 72%) than the left uterine horn (5; 28%; $P = .018$). Survival was 75%, with no difference between medical (11/15; 73%) or surgical treatments (26/34; 76%). Foaling records after treatment were available for 26 mares, of which 13 were bred the same year and 12 foaled. Twenty-three mares foaled at some time after admission and the number of foals was not significantly different between treatment groups.

Medical treatment may be a reasonable alternative to surgical treatment, although the severity of the injury that can be expected to respond to medical treatment is unknown and medical therapy can be as expensive as surgical treatment.

References: