

## UNILATERAL CERVICAL AND SEGMENTAL UTERINE HORN APLASIA WITH ENDOMETRIAL HYPERPLASIA, MUCOMETRA, AND ENDOMETRITIS IN A DOMESTIC RABBIT (*ORYCTOLAGUS CUNICULUS*)

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### Abstract

An adult female rabbit was presented for routine ovariohysterectomy. The preanesthetic evaluation was unremarkable. During surgery, it was noted that the right uterine horn was distended and discontinuous with the vagina owing to the absence of the right cervix. The left uterine horn was enlarged and both ovaries appeared normal. The ovariohysterectomy was performed, and the reproductive tract was submitted for histopathology. The rabbit recovered uneventfully from surgery and was still doing well 6 months after surgery. A diagnosis of cervical and segmental uterine aplasia with mucometra was made in the right uterine horn, with endometrial hyperplasia and mild endometritis present in both uterine horns. Segmental uterine aplasia is a rare developmental disorder resulting from a defect in the formation of paramesonephric ducts during embryological development. Segmental uterine aplasia can be an incidental finding at presentation, as is in this case. However, associated complications and concurrent developmental defects can result in overt clinical signs. Copyright 2014 Elsevier Inc. All rights reserved.

**Key words:** rabbit; segmental uterine aplasia; mucometra; endometritis; endometrial hyperplasia

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2.98-kg adult female domestic rabbit (*Oryctolagus cuniculus*) belonging to a local zoo presented to the William R. Pritchard Veterinary Medical Teaching Hospital, University of California, Davis, for an elective ovariohysterectomy. The rabbit's attitude, appetite, urination, and defecation were normal. There was no history of medical problems.

On physical examination, the patient had a body condition score of 6 of 9. There was a soft elongated mass palpable in the caudal abdomen. On oral examination, the first mandibular cheek teeth were mildly elongated bilaterally, with mild lingual points. No lingual ulceration was noted.

A blood sample was collected for a preanesthetic complete blood count and plasma biochemistry analysis. The results of the complete blood count and the biochemistry analysis were within the reference values.<sup>1</sup> Right laterolateral and ventrodorsal abdominal radiographs were taken

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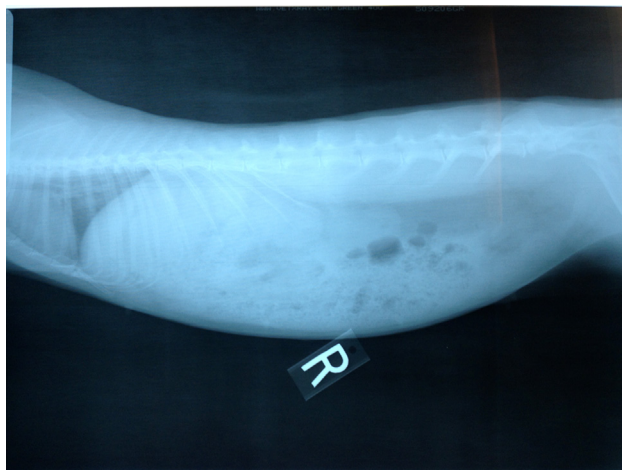
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<http://dx.doi.org/10.1053/j.jepm.2014.11.004>

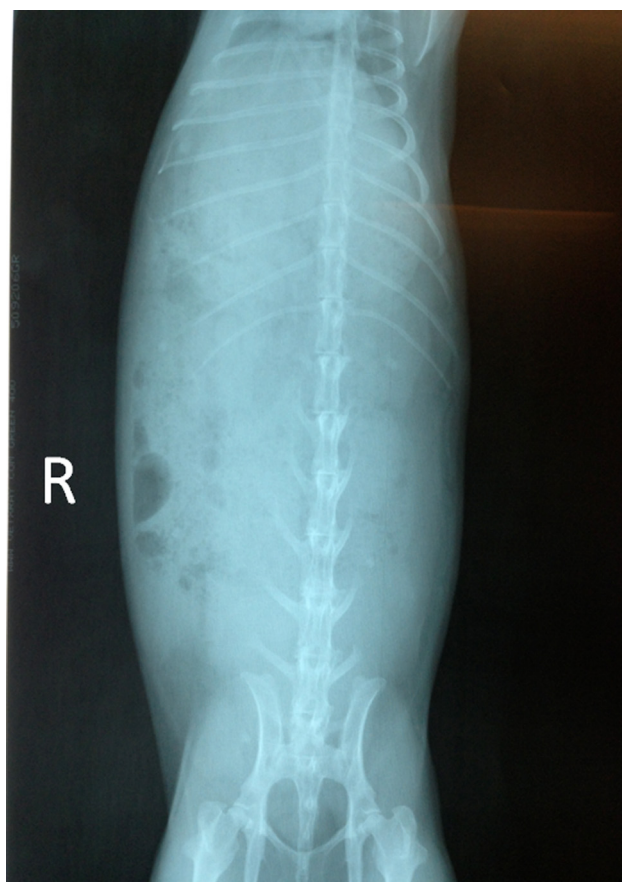
before anesthesia (Figs. 1 and 2). No apparent abnormalities were noted on radiographs.

The rabbit was premedicated with oxymorphone (0.1 mg/kg, intramuscularly, Opana; Endo Pharmaceuticals Inc., Greenville, NC USA) and midazolam (1 mg/kg, intramuscularly, midazolam hydrochloride; Hospira Inc., Lake Forest, IL USA). A 24-gauge intravenous catheter was placed in the lateral saphenous vein, and lactated Ringer solution (Baxter Health Care Corporation, Deerfield, IL USA) was administered at 10 mL/kg/h during the anesthetic period. General anesthesia was induced with midazolam (0.5 mg/kg, intravenously) and ketamine (2.5 mg/kg, intravenously, KetaVet; Bioniche Teoranta, Inverin Co., Galway, Ireland). The rabbit was intubated with a 3-mm noncuffed endotracheal tube. Anesthesia was maintained with varying concentrations of isoflurane (2% to 4%) in oxygen (1 L/min). The patient was placed in dorsal recumbency and the ventral abdomen was clipped and aseptically prepared for surgery.

A 6-cm ventral midline abdominal incision was made through the skin and subcutaneous tissue midway between the umbilicus and the pubis. The linea alba was identified and incised. The uterus was identified and the left uterine horn was traced cranially. The left ovary was identified and 2 circumferential ligatures were placed on the ovarian pedicle with 3-0 polydioxanone suture (PDS II; Johnson and Johnson, Somerville, NJ USA). Vessels within the left mesometrium were ligated with 3-0 polydioxanone. The left uterine horn appeared enlarged. The procedure was repeated on the right side. The right uterine horn was severely dilated (approximately 3 to 4 cm in diameter) and was discontinuous with the vagina. There was no appreciable right cervix (Fig. 3). A circumferential ligature was placed at the cranial vagina with 3-0 polydioxanone suture. A transfixing ligature was placed caudal to the circumferential ligature and the vagina was transected. After transection, both the uterine horns, the ovaries, and the left cervix were removed. The urinary tract, including the kidneys, was examined and appeared grossly normal. The abdomen was flushed with warm saline, and no evidence of hemorrhage was noted. The linea alba was closed with 3-0 polydioxanone suture in a simple continuous pattern. The skin was apposed with 4-0 polydioxanone suture (PDS II; Johnson and Johnson) in a subcuticular pattern. The excised reproductive organs were submitted for histopathology.



**FIGURE 1.** Lateral radiographic view of the abdomen of an adult female rabbit diagnosed with unilateral cervical and segmental uterine aplasia with concurrent mucometra, endometrial hyperplasia, and endometritis. No apparent abnormalities were noted.



**FIGURE 2.** Ventrodorsal radiographic view of the abdomen of an adult female rabbit diagnosed with unilateral cervical and segmental uterine aplasia with concurrent mucometra, endometrial hyperplasia, and endometritis. No apparent abnormalities were noted.

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