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CASE REPORT

Unusual case of uterine stump pyometra in a cat

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This report describes an unusual case of uterine stump pyometra in a cat whose main clinical sign at presentation was abdominal straining. At the time of ovariohysterectomy, the surgeon reported that the uterine body had a purulent content. Nearly a month after the surgery the cat showed abdominal straining. The enlarged uterine stump, filled with purulent fluid, had caused a compression of the rectum and secondary intestinal sub-occlusion. Surgical revision consisted of draining the purulent content of the remnant of the uterine body and ablating as much of it as possible; checking of the ovarian pedicles revealed the presence of a small fragment of whitish tissue on the right side, which was shown to contain, by means of histological observation and immunohistochemical staining, ovarian tissue. Four months after surgical revision the queen did not show any pathological signs and 1 year later she is still in good health.

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At the end of July 2009, an 8-month-old spayed mixed breed queen, living indoors with free access to the outdoors, was taken to the Veterinary Teaching Hospital of The Faculty of Veterinary Medicine of Turin University because of worsening of abdominal straining, a condition that had appeared about 3 weeks after ovariohysterectomy. The cat had also shown reduced appetite and activity. Ovariohysterectomy had been performed about 6 weeks earlier and the practitioner had reported that the uterus had a purulent content. Two weeks after surgery the queen had shown enlarged mammary glands and milk secretion, and cabergoline (5 µg/kg) had been administered for 5 days.

The cat appeared in quite good condition, alert and not dehydrated. Abdominal palpation was not painful but revealed the presence of a highly distended colon with soft content. The hypothesis of an intestinal sub-occlusion, which was the cause of the straining reported by the owner was confirmed by a radiological examination (Fig 1). Abdominal ultrasound revealed the presence of a fluid-filled structure referable to a uterine stump, measuring 3.7 × 2.6 cm, compressing the rectum dorsally. Cell blood count, biochemical parameters (aspartate aminotransferase, alanine aminotransferase, creatine kinase, γ-glutamyltransferase, creatinine, urea, glucose, total bilirubin, triglycerides, total cholesterol, alkaline phosphatase, amylase and lipase) and total

serum protein were within normal limits. Feline leukaemia virus and feline immunodeficiency virus tests were negative. A surgical revision was suggested in order to eliminate the cause of the obstruction. After sedation, anaesthesia was induced with propofol and maintained with isoflurane in oxygen.

A median ventral laparotomy revealed the presence of an enlarged uterine stump, with granulomatous tissue and adhesions to the bladder. Grossly, the uterine wall appeared thinned and the uterine lumen showed a remarkable amount of purulent exudate, which was drained. A sample was taken for culture and sensitivity testing. The remnant of uterine tissue was removed as completely as possible. Bilateral exploration of the abdomen, from the caudal pole of each kidney to the uterine stump was performed and an increased vascularisation of the right ovarian pedicle was detected, together with the presence of a small fragment of whitish tissue which was removed for histological examination. At the end of the surgical procedure an enema consisting of warm water and mineral oil was administered. Two more enemas were administered during the following days, and the intestinal functionality was re-established. The cat was treated with amoxicillin–clavulanic acid (12.5 mg/kg q 12 h), a therapy that was confirmed after culture results and antimicrobials susceptibility tests (β-haemolytic *Streptococcus* species). Recovery was uneventful.

Histopathological examination of the fragment of tissue removed from the right ovarian pedicle showed

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