

## Severe Uterine Rupture And Intestinal Evisceration In A Multiparous Ardennais Mare Post-Foaling

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**Abstract:** A 5-year-old multiparous Ardennais mare was presented with severe uterine rupture and subsequent intestinal evisceration following an unassisted parturition. The mare exhibited signs of colic and systemic shock shortly after foaling. Abdominocentesis confirmed the presence of septic peritonitis, with extensive abdominal contamination from intestinal contents exacerbating the clinical condition. Despite intensive medical management aimed at stabilizing the mare, her condition continued to deteriorate, and the prognosis was deemed poor due to the severity of the abdominal contamination and the extent of the injury. Given the unmanageable nature of the clinical situation and the overwhelming systemic impact of the rupture and peritonitis, euthanasia was elected as the most humane course of action. This case highlights the critical importance of prompt veterinary intervention in equine post-partum emergencies and underscores the potential life-threatening risks posed by unassisted parturition. Early recognition of complications and timely intervention are essential in improving outcomes in such cases, where delayed care may lead to severe, often irreversible, consequences.

### • Introduction

Uterine rupture and intestinal evisceration are rare but life-threatening post-partum complications in mares, requiring immediate and specialized veterinary care.

This case report presents a severe intestinal evisceration in a multiparous Ardennais mare, highlighting the crucial role of rapid recognition, accurate diagnosis, and prompt surgical intervention in improving survival outcomes.

### • Material and method

A 5-year-old multiparous Ardennais mare, kept on pasture and with no history of illness, presented after full-term parturition. The mare was found with the foal deceased and partially expelled; during manual extraction, a loop of intestine prolapsed through the vulva, initially mistaken for retained placenta (fig 1, 2).



Figure 1 and 2. Deceased foal partially expelled; fetal membranes and a prolapsed intestinal loop, initially mistaken for retained placenta

Following removal of the foal, the mare showed signs of colic.

Clinical exam revealed tachycardia (100 bpm), tachypnea (40 rpm), pale mucous membranes with a toxic line, diminished gut sounds, cold extremities, and muscle tremors.

Abdominocentesis indicated septic peritonitis, showing serosanguinous fluid with food particles (fig 3).

Visual inspection confirmed congested, discolored intestinal loops protruding through the vulva (fig 4).

Vaginal palpation under sedation revealed an intact vaginal wall, supporting the diagnosis of uterine rupture with intestinal evisceration.

### • Results and discussions

Initial management prioritized pain control and stabilization using detomidine (10 mg), butorphanol (10 mg), and flunixin meglumine.

Given the extent of the intestinal prolapse and severe abdominal contamination, the prognosis was extremely poor. Humane euthanasia was performed due to the mare's deteriorating condition and signs of systemic shock.

This case underscores the critical nature of post-partum complications such as uterine rupture and intestinal evisceration, emphasizing the importance of immediate, specialized intervention.

The presence of dystocia, colic, and intestinal prolapse illustrates the high risk associated with unassisted foaling.

While uterine rupture often results from dystocia or excessive manipulation, this case demonstrates that spontaneous rupture—potentially linked to ischemic necrosis or intense straining—can also occur.

Careful peripartum monitoring is essential to reduce the risk of such fatal outcomes.

### • Conclusions

This case underscores the critical importance of close monitoring and timely veterinary intervention during equine parturition.

Owners must be educated on managing pregnant mares near term, including nutrition, exercise, recognition of prepartum signs, and the stages of foaling.

Awareness of the risks associated with unassisted deliveries and early identification of complications can significantly reduce the incidence of life-threatening outcomes such as uterine rupture and intestinal evisceration.

Preparedness and prompt action are key to improving survival rates in severe post-partum emergencies.



Figure 3. Serosanguinous abdominal fluid with food particles, indicative of septic peritonitis, collected via abdominocentesis.



Figure 3. Serosanguinous abdominal fluid with food particles, collected via abdominocentesis.