

CYSTIC ENDOMETRIAL HYPERPLASIA IN A BITCH – CASE REPORT

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Cystic endometrial hyperplasia was a disease of middle-aged or older cycling bitches occurring 6-8 weeks after estrus with a more common occurrence in nulliparous bitches (Dow, 1958) influenced by progesterone hormone progressing to pyometra resulting in infertility (Arthur *et al.*, 1996). Treatment with estrogens to prevent conception following unwanted breeding or with long acting progestational compounds to delay or suppress estrus predisposed to cystic endometrial hyperplasia (Kahn, 2005).

A 7 year old female, Spitz was brought to Veterinary University Peripheral Hospital with a history of inappetance, dullness, lethargy, polydipsia and weight loss since one week. History revealed that the bitch was not bred so far and had her estrus 6 weeks back. Body temperature, pulse rate and heart rate were within normal range. Dehydration, abdominal distension and mucoïd discharge from the external genitalia were observed. On abdominal palpation distended uterus was appreciated. Laboratory examination revealed leukocytosis characterized by neutrophilia. Radiography of the abdomen showed opaque, distended uterine shadow in the lower abdomen (Fig. 1) causing cranial displacement of the small intestine and dorsal displacement of the colon.

Since there was dehydration the bitch was stabilized with fluid therapy (Dextrose 5% + Normal Saline) for three days along with

antibiotic coverage (Ampicillin + Cloxacillin @ 10mg/kg b wt) and Dexamethasone @ 1mg/kg b wt by intravenous route to counteract shock. Mucoïd discharge from external genitalia, abdominal palpation and radiography report narrowed the diagnosis to pyometra. Hence surgical removal (ovariohysterectomy) was decided. The animal was premedicated and sedated using Atropine and Xylazine @ 0.04mg/kg and 1 mg/kg b wt respectively by intramuscular route. General anaesthesia was induced and maintained with Ketamine and Diazepam @ 10mg/kg and 0.5 mg/kg b wt respectively by intravenous route. Surgery was performed under standard techniques.

The uterus was distended, tortuous with numerous cysts varying in size on the outer wall of the uterus (Fig.2) watery fluid as observed by Hardy and Osborne (1974). The uterus was later incised and mucoïd fluid was found throughout the lumen of both uterine horns with thickened uterine endometrium suggestive of cystic endometrial hyperplasia. Histopathologically dilated cystic glands of variable size lined by densely packed epithelium and hyperplasia of the endometrium resulting in irregular folds or polypoid projection into the lumen were evident.

Post-operative care included fluid therapy (Dextrose 5% + Metronidazole), antibiotic (Inj Ampicillin + Cloxacillin @ 10/kg b wt by intramuscular route)

and Inj Dexamethasone @ 0.25 mg/kg b wt by intramuscular route as supportive therapy for five days. The skin sutures were removed on the 8th post-operative day. The dog recovered eventually

without any complication.

A case of cystic endometrial hyperplasia in a Spitz is reported.

Fig.1

Radiograph of abdomen showing opaque distended uterine shadow in the lower abdomen with cranial displacement of the small intestine and dorsal displacement of the colon



Fig 2

Uterus distended, tortuous with numerous cysts varying in size



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