

Colic in the pregnant and postparturient mare:

Diagnosis and management of colic in pregnant and immediately postparturient mares is challenging because of the variety of condition. Colic in late term mares can be caused by any of the causes of colic in adult horses, but some disorders are more common in late-term mares and, in addition to abnormalities of the reproductive tract, can cause signs of colic.

Causes of colic in the late term mare include:

- Idiopathic, chronic or recurrent, low grade colic
- Large colon torsion
- Large colon impaction
- Incarceration of small intestine through a mesenteric rent
- Rupture of the cecum or colon
- Uterine torsion
- Uterine rupture
- Middle uterine or utero- ovarian artery
- Rupture abdominal wall hernia
- Diaphragmatic hernia
- Dystocia
- Hydrops
- Imminent foaling.

A common presentation of colic in late term mares is chronic or recurrent, low- grade abdominal pain that is not associated with any signs of compromised cardiovascular or gastrointestinal function. It is assumed that the large gravid uterus interferes with normal motility or positioning of bowel, with subsequent pain. Severe colic in late term mares is rarely associated with the uterus, with the exception of uterine torsion.

Colic in immediately postparturient mares (« 24 h after foaling) include:

- Cramping associated with uterine contractions and involution, often coincident with nursing or administration of oxytocin
- Rupture of the cecum or colon
- Incarceration of the small intestine through a mesenteric rent

- Rupture of the mesocolon with segmental ischemia of the small colon
- Rectal prolapse
- Uterine tear, with or without prolapse of intestine
- Uterine prolapse
- Inversion of uterine horn
- Bladder prolapse through urethra
- Hemorrhage from uterine or utero-ovarian artery
- Retained fetal membranes
- Uroperitoneum, usually secondary to rupture of the bladder.

Colic in postparturient mares that is anything more than transient and associated with passage of placenta or nursing of the foal should be considered important and the mare should be examined closely and, if the colic does not resolve, repeatedly.

The risk of abortion in mares with colic is partially dependent on the severity of colic and especially the presence of toxemia. Severely ill mares with signs of toxemia have abortion rates of almost 70% while mares with less severe disease have abortion rates of 12-18%, which is not markedly different from the rate in mares without colic. Approximately 40% of mares with uterine torsion abort

Clinical examination of late-term or post parturient mares with colic uses the same principles as apply to examination of non-pregnant adult horses with colic.

- Monitoring of vital signs
- passage of nasogastric tube
- rectal examination
- collection of peritoneal fluid should all be performed as indicated. However, the presence of a gravid uterus in late-term mares impairs rectal examination of the abdomen and often makes collection of peritoneal fluid impossible.

Treatment of colic depends on its cause. Horses with low-grade to moderate, recurrent colic respond to administration of low doses of NSAIDs, mineral oil or fecal softeners.

Colic Symptoms



Looking or biting at sides
www.extension.umn.edu



Stretching out
www.acvs.org



Kicking at belly
www.centenarycollege.edu



Excessive rolling
www.thehorse.com



Pawing
www.fineartamerica.com



Lip curl
www.extension.org



Not eating
www.naturohorse.com



Excessive lying down
www.myhorse.co.uk