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Metabolic and infectious diseases in the transition of dairy cows directly affect the future milk production and reproductive indicators. Metritis is an infectious disease that is usually observed 10-14 days after calving. Fresh cows with this infection have an unpleasant discharge odor and may or may not have a fever. Approximately 12% of refreshing dairy cows experience some degree of metritis, with the incidence rate higher in those who experience difficult births, have twins or have a preserved placenta. In a DAIReXNET video entitled Diagnosis and Treatment of Metritis in Dairy Cows, Dr. Stephen LeBlanc of the University of Guelph discussed the factors that contribute to the occurrence of metritis, the impact of the disease, and its treatment. A summary of his discussion included in this article. Dr. LeBlanc described the metritis as a bad smell, a reddish-brown discharge from the vulva. He explained that only 10 to 45% of cows with metritis have a fever. After calving, all dairy cows experience some degree of bacterial contamination in the uterus and the cow's immune system must kick in to clear the infection. Healthy cows have a robust and well-regulated immune response that can respond to this contamination. Cows that later develop metritis may have a lower or delayed immune response during calving compared to cows that remain healthy. Thus, the difference between healthy cows and those who develop metritis is related to how effectively the cow reacts to infection and recovers. E. coli is the original bacterial contaminant associated with metritis. Some strains of E. coli are adapted to cause infection in the uterus, and they differ from those causing mastitis or prolapse in calves. Dr. LeBlanc discussed studies that showed cows with metritis have lower milk production and reproductive performance. Mature cows with a light or severe case of metritis produce about 600 pounds less milk within lactation compared to healthy fresh cows. The calves of the first calf show no difference in milk production regardless of whether they had metritis or not. Cows with heavy metritis had lower pregnancy rates at first service and 120 days in milk, but these differences disappeared for 300 days in milk. Cullation rates were not different between cows with or without metritis. Dr. LeBlanc discussed risk factors for metritis other than dystocia, twins or preserved placenta. Studies have shown a link between feed consumption before calving and the risk of metritis. Cows that later develop metritis had lower consumption of dry matter before calving than cows that did not develop metritis. Management practices such as adequate bunk space (36 inches/cow), adequate space for relaxation (heat) and heat are essential for optimizing feed consumption before calving. In addition, subclinical hypocalcemia (milk fever) fever) risk factor for metritis. Calcium is essential for uterine muscle contraction and for a better immune response to combat bacterial problems. Dr. LeBlanc also discussed the results of studies where antibiotics were given as a treatment for metritis. In one study, only three-quarters of cows treated with the antibiotic were cured 7 to 9 days after treatment. For those cows that were not treated (only saline), 55 to 62% of cows were cured. In another study, treatment rates at 12 days were about 67% of cows treated. These data indicate that more research is needed to refine and develop earlier treatment protocols and determine when cows are likely to respond to antibiotic treatment. Summing up the treatment of metritis. Dr. LeBlanc suggested that there was reasonable evidence for the use of systemic and approved antibiotics, as indicated on the product label when at least 2 diagnostic criteria were present. These criteria include fever, more than 103 degrees Fahrenheit, fertile discharge or other symptoms of systemic infection such as dullness or neo-feed. As always, treatment options should be discussed with your herd veterinarian and a treatment protocol developed for a particular dairy herd. Author: Donna M. Amaral-Phillips Printed version of Metritis inflammation of the uterine wall, while endometritis is an inflammation of the functional lining of the uterus, called endometrium. The term pelvic inflammatory disease (PID) is often used for metritis. The definition of postpartum metritis, also known as puerperal sepsis, occurs within 21 days and is most common within 10 days of giving birth. Metritis is characterized by an enlarged uterus and a watery red-brown liquid for the viscous extra-white uterine glu, which often has an unpleasant odor. The severity of the disease is classified on the grounds of health: metritis 1st class: abnormally enlarged uterus and plying discharge of the uterus without any systemic signs of poor health. Grade 2 metritis: Animals with additional signs of systemic diseases such as reduced milk yields, dullness and fever of 39.5 degrees Celsius. Grade 3 metritis: animals with signs of toxemia, such as anorexia, depression and/or collapse. Clinical endometritis is defined in cattle as the presence of a plying of the uterus, detectable in the vagina 21 days or more postpartum period. Simple clinical disease classification systems are based on the nature of vaginal mucus and typical clinical endometritis classification schemes are widely used by veterinarians. Subclinical endometritis is characterized by inflammation of the endometrium and the presence of neutrophils in cytology or histology biopsy, signs of clinical endometritis. Other animals These terms can be applied to any species of mammals. Among pets, metritis and endometritis are most common in cattle after parturition, diseases are often referred to as postpartum metritis or postpartum endometritis. These diseases in cattle are caused by bacteria and sometimes viruses. The most common bacteria that cause postpartum metritis and endometritis in cattle are Escherichia coli, Trueperella (formerly Arcanobacterium) piogenes and anaerobic bacteria such as Prevotella and Fusobacterium necrophorum. The virus most consistently associated with postpartum disease in cattle is the herpesvirus 4 (BoHV-4) virus. In addition, several specific diseases are associated with metritis or endometritis. These include brucellosis, leptospirosis, campylobacteriosis and trichomoniasis in cattle, bacterial infection of the uterus affects almost all animals after parturition. That doesn't mean they're going to get sick. Beef cattle rarely have a disease unless they have a predisposing factor such as a preserved placenta or difficulty participating. However, uterine diseases are common in dairy cattle - especially high-yield cows such as Holstein-Friesian cows. Infectious horse metritis is a sexually transmitted infection in horses, recognized since 1977. In 2014, the study reported the first successful trials of cattle vaccination. The infection rate has decreased significantly. The etymology and pronunciation of the word metritis (/məˈtrɪtɪs/ or /mɪˈtrɪtɪs/) uses combining forms of metr- - this, yielding to inflammation of the uterus. Links : Free Dictionary, Metrit - Definition of postpartum uterine disease and mechanisms of infection and immunity in the female reproductive tract in cattle. Reproduction biology December 1, 2009 vol. 81 No 6 1025-1032 Archive June 1, 2012, on Wayback Machine - Merck Veterinary Guide, Metritis and Endometritis - Vinicius Silva Machado, Marcela Lucas de Souza Bicalho b. a.: Subcutaneous immunization with inactivated bacterial components and purified E. coli protein. Fusobacterium necrophorum and Trueperella pyogenes prevents puer. In: PLoS ONE. 9, 2014, S. e91734, doi:10.1371/journal.pone.0091734. Extracted from metritis can reduce the reproductive and milking performance of fresh cows. This can be an expensive disease, and your first propensity from a hint of metritis may be to treat cows with antibiotics. It's time to consider that penchant with your vet. Treatment of metritis can be an easy way, but it may not be the best way. Focus primarily on preventing metritis. This article is the final in a series of four on metritis from Michigan State University expansion. Previous articles have discussed the causes, detection and prevention of metritis. The metritis case is another reminder that changes need to be made well before the refreshment. While metritis may be required be reasonable about treatment. It is imperative that you work with a herd veterinarian who is responsible for drug policy and protocols on your farm - Veterinarian Records (VOR). Work together and develop a protocol for diagnosing and treating metritis. Make decisions together about course of action based on the severity of the disease. Protocols should include diagnostic parameters (temperature, discharge, etc.) and antimicrobials or other pharmaceuticals to be used, including dose, route and duration of therapy, as well as criteria for the success or failure of therapy. Of course, important in this discussion is the recognition of milk and meat retention times. The cow was created to fight infections and it may be able to do it on its own. However, the fever is a warning flag that it should be observed to make sure that if she is infected, the infection does not inhibit the ability of her immune response. The increased temperature is not an indicator for treatment in itself. Just because a fresh cow has an elevated temperature doesn't mean it's a metritis or should be treated. Dr. Sarah Wagner, of North Dakota State University, examined fever, white blood cell count and clinical signs during the first 10 days of lactation and concluded that rectal temperature has a low specificity for diagnosing disease in postpartum dairy cows in the absence of other clinical signs. Abnormal secretions alone are not an indicator for treatment. Of course, the smelly reddish-brown watery discharge is a sign of metritis. However, fresh cows may have an abnormal discharge in the postpartum period, which is not a metritis. Treatment may be necessary when the cow is systemically ill. Train your staff to look for signs that the disease is systemic - that is, that the cow itself is sick and suffering. Systemic changes may include reduced milk production and visual signs that the cow is not feeling well, including raised tail, increased heart rate and reduced feed consumption. These signs, combined with fever or foul discharge, may indicate treatment. There are several treatment options for metritis and endometritis. The best course of action depends on several factors. Work with your herd veterinarian in choosing appropriate systemic antimicrobial therapy for your cows. Infusion of the uterus with antibiotics may have, at one time, been the preferred treatment, however these infusions often do more harm than good. Bacteria can be injected into the uterus during the process, uterine puncture can occur and tissue damage and subsequent scarring from the infusion itself can occur. In general, uterine infusion is not recommended. Systemic antibiotics that are labeled Metritis treatment has been shown to be effective for treating metritis. No matter what antimicrobial you are you Make sure you keep a good record so that you and your veterinarian can assess the success of the treatment and so that proper meat and milk with the conduct of once meet the use of prostaglandin F2 alpha and its analogues for metritis follow-up and endometritis later in lactation have been effective in helping the cow. The resulting estus creates a uterine environment that is less conducive to bacteria and stimulates the contraction of the uterus with the expulsion of the exudates. Using prostaglandin to enhance cycling before the breeding window can be effective for preparing the uterus. Supportive care for cows with heavy metritis is also important. Oral and IV fluids for dehydrated cows and the introduction of non-steroidal anti-inflammatory drugs (NSAIDs) can improve the comfort and recovery of a cow. One question that manufacturers may face is whether to move the processed cow to another pen. There are pros and cons to move at this time. On the positive side, moving a processed cow into a sick cow handle can increase the ability to observe, and it can be a handle with more feed space and less competition. This should be balanced with the impact that moving it will have on dry matter consumption. Consumption of dry matter may be the best cure for metritis and should be encouraged rather than discouraged. Treatment, although it may be a legitimate answer, should not be the first thought in response to a sick cow. Take the time to evaluate your metritis prevention, detection and treatment protocols. Work with your management team to reduce the incidence of uterine disease in your herd. Improving production and reproductive success will be your reward. Other articles in this series have you found this article useful? 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