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Postpartum Uterine Prolapse in a Jaffarabadi Buffalo - A Case Report

H.P. Vijyeta, G.B. Solanki, J.K. Chaudhary, K.H. Parmar and S.S. Parikh

Cattle Breeding Farm

Junagadh Agricultural University, Junagadh-36001, Gujarat

Corresponding Author: hpvijyeta@gmail.com

The actual cause of prolapse of uterus is not clear, but there is no doubt that it occurs during the third stage of labour within a few hours of the expulsion of the calf and at a time when some of the foetal cotyledons have separated from the maternal carbuncles (Arthur, 2001). Prolapse of the uterus is a common complication of the third stage of labour in the buffaloes (Joseph *et al.,* 2001). In ruminants, uterine prolapse is generally a complete eversion of the gravid uterus, wherein multigravidas (dairy bovines) are more often involved than the heifers, while in the sow and the bitch eversion is generally partial and comprises of one cornua only (Arthur,2001; Jackson, 2004). The condition is predisposed by genetic as well as managemental factors and precipitated by straining, parturition and dystocia (Odegaard, 1977). The incidence of vaginal prolapse was observed to be maximum as prepartum prolapse (56.30%), followed by postpartum vaginal prolapse (12.90 %) and vaginal prolapse in non-pregnant (5.70 %) buffaloes (Pandit *et al*., 1982). The present paper deals with a case of postpartum complete uterine prolapse and its successful management in a Jaffarabadi buffalo.

Case History and Clinical Observations

An eight year old Jaffarabadi buffalo in her second parity from the University herd was presented at the Farm Clinics with the history of delivery of a normal female calf by using slight traction four hours before. The uterus was prolapsed along with the placenta still adherent after four hours of parturition. On gynaeco-clinical observation, the prolapsed uterus was observed as swollen, reddened, dry and stained with dung. The animal was straining. The rectal temperature was recorded to be 102°F. The buffalo was healthy and in a standing position. The prolapsed mass was hanging from the vulva. The placental cotyledons were attached to the maternal caruncles and slight bleeding was observed.

Clinical Management and Discussion

The animal was restrained in standing position followed by 7 ml, 2 % lignocaine hydrochloride as an epidural anaesthesia. Considering the severity of the case, the prolapsed mass was washed carefully with potassium permanganate lotion 1:1000 for removal of the necrosed tissues and dung. The urine was drained by raising the prolapsed mass above the ischial arch. The placenta was removed manually with fingertips from the cotyledons. After that whole uterine mass was again washed with potassium permanganate lotion. Then it was replaced to its normal anatomical position

by keeping animal ideally in position with its hindquarters raised, in a frog-legged position. To prevent further complications and recurrence Buhner ½s sutures were applied over vulvar lips. The buffalo was treated with 25% dextrose (1000 ml) and inj. calcium borogluconate (200 ml) i/v once; Oxytetracycline hydrochloride 10 mg/kg b.wt., inj. Chlorphenaramine maleate 0.4 to 0.5 mg/kg b.wt., and inj. Melonex 0.5 mg/kg b.wt, i/m OID for 3 days with advise of oral administration of Proctive bolus (4 bolus) OID for five days. The animal showed excellent response to the treatment. Straining of the animal was gradually reduced and ceased after 48 hours. The animal recovered uneventfully.

The genital prolapse covering uterus and vagina in ruminants is an emergency condition and should be treated before excessive oedema, traumatic lacerations, haemorrhage and bacterial contamination of prolapsed organ occur, otherwise it will lead to unfavourable prognosis. The clinical findings in this case concurred well with in many previous cases (Roberts, 1971; Arthur., 2001). The prognosis in uterine prolapse varies greatly (Bhoi and Parekar, 2009). In most cases in which the condition if observed earlier, the veterinarian called promptly, the animal made to stand and the uterus not severely injured, then the prognosis for the life of the animal is good. In cases with the animal unable to rise and the condition complicated by shock, internal hemorrhage or incarceration of the intestines, the prognosis is usually very poor to hopeless (Roberts, 1971). Sometimes due to extensive damage to the uterus after the prolapse, pan-hysterectomy or amputation of prolapsed mass is recommended (Borakhatariya *et al.,* 2016). Hysterectomy or the amputation of the prolapsed uterus is undertaken only when replacement is impossible or when it is quite certain that replacement of a badly torn, lacerated, necrotic, infected uterus could result in death. It was observed that the hygienic handling, proper management and suitable treatment should definitely prevent further reproductive tract damage and aid in quick recovery.

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