POST PARTUM UTERINE PROLAPSE IN A NON-DESCRIPTIVE COW

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Prolapse or eversion of the uterus is also called casting of "Wethers" or casting of the "Calf bed" (Roberts, 1971; Rebhun, 1995). Eversion of uterus has been encountered as a common reproductive emergency of the postpartum cow which needs immediate therapeutic management to avoid further complication (Arthur et al., 2001). Pluriparous cows are more often involved than heifers (Roberts, 1971). Atony of the reproductive tract and weakness of genital organs may predispose the condition but it is less commonly seen in pastured or grazing cattle than the stall-fed or zero grazing animals. Uterine prolapse occurs within few hours after calving. The condition is invariably associated with hypocalcaemia, which results in lack of uterine tone and delayed cervical involution (Smith, 2009).

HISTORY, CLINICAL EXAMINATION AND OBSTETI

A pluriparous non-descriptive cow aged about 9 years in its fourth lactation with left side rarefaction of abdominal muscles was presented with postpartum uterine prolapse at farmer's doorstep. After three hours of parturition animal showed severe straining and there was complete prolapse of the uterus (Figure: 1). The cow was off feed, recumbent, continuously straining and the prolapsed uterine mass was lying on the floor contaminated with the straw, dirt and faecal matter. On physical examination it was found that foetal membranes were attached to everted uterus which was oedematous more toward the ovarian end.

FIGURE: 1 POSTPARTUM PROLAPSED IN A NON-DESCRIPTIVE COW

Animal was brought in to sternal recumbancy and then 2 % lignocaine hydrochloride was given epidurally to prevent straining. Prolapsed mass was cleaned with Potassium Permanganate lotion (1:1000). Hydration therapy (Figure: 2) of the prolapsed uterus was done with clean cold water for at least 2 hours after putting the uterus on clean cloth.

After doing cold fomentation with cold water the prolapsed uterus mass was reduced by 40%. Retained urine was removed with catheter. Prolapsed uterus mass replaced manually after smearing uterus with 2% Lignocaine jelly and heavy Liquid Paraffin. Thereafter animal was injected with single injection of 100 IU Oxytocin by I/M. route, Calcium borogluconate 300 ml I/V and 150 ml S/C, Streptopenicillin 2.5 gm I/M. for 5 days and Meloxicam 20 ml I/M. for 5 days.

DISCUSSION

It occurs most often immediately after parturition and occasionally up to 48 to 72 hours after parturition (Roberts, 1971). Uterine prolapse is recognizable by the presence of visible caruncles (and sometimes placental remnants) on the surface of the prolapsus (Fubini and Ducharme, 2004).

FIGURE: 2 HYDRATION THERAPY OF PROLAPSED UTERUS

The foetal membranes and/or mucous membrane of the uterus is exposed and usually covered with faeces, straw, dirt, or blood clots. The uterus is usually enlarged and oedematous especially if the condition has existed for 4 to 6 hours or longer (Roberts, 1971). Discomforts caused by eversion, coupled with irritation and swelling of the exposed mucosa, result in straining and extensive prolapse. The bladder may be contained within prolapsed vagina, resulting in occlusion of the urethra and retention of urine (Fubini and Ducharme, 2004).

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