

CASE REPORT ON A POST-PARTUM TOTAL UTERINE PROLAPSE IN A NON-DESCRIPT BUFFALO

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ABSTRACT

The uterine prolapse is a common obstetrical complaint in cattle and buffalo which is subsequently affects productive and reproductive performance of dairy animals. A 3-year nulliparous non-descript buffalo having the history of normal parturition two days back and the condition of huge prolapse mass hanging from the vagina. On gynecological examination it was diagnosed as total uterine prolapse. The huge prolapse mass was repositioned manually and applied vulval tape retention suture. It was efficiently clinically managed with maintained increase feeding frequency in succulent fodder. The animal was uneventfully recovered without any complications.

Keywords: *Bubalus bubalis*, buffaloes, non-descript, post-partum, total uterine prolapse

INTRODUCTION

An abnormal repositioning of an organ from its normal anatomical place is called prolapse.

The uterine prolapse is a common complaint related to parturition in cattle and buffaloes. It is one of the serious life-threatening complications that occur during the period immediately following parturition; however, it is rarely delayed beyond 48 h of parturition (Patil, 2014). Compared to the vaginal prolapsed, which was more severe health trouble in dairy animals. The uterine prolapse is larger, longer (usually hanging down to the hocks when standing), deep red in colour and covered with the “buttons” where the placentomes are attached in the animal (Hasan *et al.*, 2020). Factors like mineral deficiency, infection, hormonal imbalance, aggressive assistance during parturition, prolonged dystocia, trauma, retention of placenta etc., have been identified as predisposing factors in uterine prolapse (Potter, 2008; Murphy and Dobson, 2002). It also includes poor uterine tone, increase straining, the weight of retained fetal membranes, conditions that increased intra-abdominal pressure such as tympany (Ennen *et al.*, 2011). Based on the part of the reproductive system involved and its severity, the prolapse was commonly classified first, second and third degree prolapses. The third degree prolapse was more severe and extensive

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form of prolapse. It can lead to trauma, infection, shock, and death if veterinary intervention is delayed (Singhal *et al.*, 2011). The present report deals with a case of post-partum total uterine prolapse in a nulliparous non-descript buffalo in Tamil Nadu, India.

CASE HISTORY AND CLINICAL OBSERVATIONS

A three-year-old nulliparous non-descript buffalo was attended farmer's doorstep at Amachiyapuram village, Theni district, Tamil Nadu with a history of normal parturition. A normal female calf was born two days back and the owner observed the total uterine prolapsed since the day morning. The buffalo was healthy and travelled around 2.5 km in the standing position (Figure 1) from farmer's agricultural farming land to main village. The prolapse mass was hanging from the vulva to the hock joint with soiled and deep red in colour severe bleeding was noticed in the prolapse mass. The rectal temperature was recorded 101.5°F. Sunken eye ball and congested eye mucus membrane were eyeball ticed.

CLINICAL MANAGEMENT

The epidural anaesthesia was performed by administration of 4 ml lignocaine hydrochloride in the lumbosacral region to prevent straining during prolapse mass replacement. The posterior part of the buffalo and prolapse mass were thoroughly cleaned to remove the debris and fecal materials with hypertonic saline and low concentration (1:1000) of potassium permanganate solution. Application of ice cubes was done

to reduce the size of the prolapse mass. The antiseptic cetrimide cream was applied over the prolapse mass and uterine was lifted to the level of vagina, pushed with a moderate force to inside the vaginal cavity. The uterus and cervix were successfully repositioned inside the pelvic cavity. On per vaginal examination no mass was found posterior to the cervical ring. It was indicating complete replacement of the everted organs to the pelvic cavity. The vulval tape retention suture was applied over the vulval lips with the use of cotton tape of ¾ cm thickness to hold the uterus in place. After that, the buffalo treated with Inj. Streptopenicillin -5 g I/M, Inj. Meloxicam -10 ml I/M, Inj. Chlorpheniramine maleate -10 ml I/M, Inj. Oxytocin -10 I/U I/M and Inj. Calcium magnesium borogluconate -150 ml I/V. The fly repellent topicure herbal spray (topical application) was used externally over the vulval lips. Advice to the owner increases the feeding frequency and provides succulent fodder in the forthcoming days. The same treatment was followed for subsequent five days except Inj. Oxytocin. The vaginal retention suture was removed after 7 days.

DISCUSSION

According to Kumar *et al.*, 2013, uterine prolapse is one of the most common reproductive disorders and accounts for about 22% of the total reproductive disorders in buffaloes. The usual consequence of uterine prolapse is haemorrhage, septic metritis, shock, peritonitis, infertility or death. Sometimes in delayed cases, partial contraction of cervix interferes with proper repositioning, resulting in the recurrence of prolapse (Bhoi and Parekar, 2015). But in this case, the total uterine prolapse occurred two days after



Figure 1. Total uterine prolapsed in non-descript nulliparous buffalo.

calving in nulliparous non-descript buffalo which was clinically managed effectively in conferring to Bhoi and Parekar, 2015; Raju *et al.*, 2018; Singh *et al.*, 2018 and Hasan *et al.*, 2020.

CONCLUSION

It is concluded that the total uterine prolapse can be successfully replaced into normal anatomical structures and efficiently clinically managed in the nulliparous non-descript buffalo.

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