

MANAGEMENT OF POST PARTUM COMPLETE EVERSION OF UTERUS IN GRADED MURRAH BUFFALO

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ABSTRACT

An unusual case of complete eversion of uterus along with cervix and vagina following a normal parturition in graded Murrah buffalo and its successful management is reported in the present article.

Keywords: *Bubalus bubalis*, buffaloes, eversion of uterus, post partum, Murrah

INTRODUCTION

A prolapse of the uterus is the whole of the uterus turning inside out and hanging out of the vulva (Roberts, 1971). Prolapse of the uterus is a common complication of the third stage of labour in the buffaloes (Joseph *et al.*, 2001) or immediately after parturition (Gangwar *et al.*, 2014) in buffalo. Genital prolapse is considered as an emergency maternal disorder and the incidence of prolapse reported was rare after 48 to 72 h of parturition (Yotov *et al.*, 2013). Of the total 42.9% recorded obstetrical problems in buffalo, pre- and postpartum vaginal prolapsed accounted for 67.3% and 21.7%, respectively, while 11% exhibited postpartum uterine prolapse (Samad *et al.*, 1987). The predisposing factors like hypocalcemia, increased

straining, poor uterine tone, forced extraction of the fetus, weight of retained fetal membranes, conditions that increased intra-abdominal pressure including tympany are reported the major cause of post-partum uterine prolapse. Uterine prolapse is considered a medical emergency; therefore, this condition is life threatening. Handling and treatment of vaginal prolapse varies depending on the duration and severity of the condition at the time of presentation. If the affected buffalo is not treated quickly, animal goes into shock or die due blood loss. In the present report an unusual case of complete eversion of uterus following a normal parturition in graded Murrah buffalo and its successful management is discussed.

CASE HISTORY AND DIAGNOSIS

The pluriparous graded Murrah buffalo weighing about approximately 550 kg and with a history of genital prolapse immediately after normal calving was presented to immediately to Teaching Veterinary Clinical Complex, Post Graduate Institute of Veterinary and Animal Sciences, Akola. Upon physical examination, the buffalo had a body temperature of 101 of, alert and pink mucous membranes. There was complete eversion of uterus along with cervix and vaginal

walls. The buffalo was straining strongly and prolapsed mass was slightly swollen with slight bleeding.

TREATMENT AND DISCUSSION

The buffalo was administered with 5 ml 2% Lignocaine HCL as epidural anesthesia to prevent excessive straining and pain repositioning. The prolapsed mass was thoroughly washed with 1% potassium permanganate cold water. The maternal cruncles and placental debris which was attached was also removed. The ice bags were applied on the prolapsed mass to reduce swelling. Two Pop in Spray was sprayed on the prolapsed mass. Simultaneously Inj. Avil 10 ml, Inj. Melixcom 20 ml was injected in 5% DNS (500 ml) to the patient. Inj. Standren 15 ml was administered intramuscularly to avoid bleeding. The buffalo was repositioned in normal seating position and with closed palm hand the inside of mass was pushed first. By keeping the same pressure, with other assistance the remaining mass was pushed. The everted uterus was repositioned normally and mattress suture was applied on upper portion of the vulval lips with cotton material to avoid further recurrence and tearing.

The buffalo was treated medically with Inj. Intacef 3 gm i/v, DNS- 1000 ml, Inj. Calberol 200 ml slow i/v, Inj. Urimin 10 ml i/m and Inj. Tribivet 10 ml i/m. The suture was kept for two days and then removed. The 30 ml Wokadine mixed in 300 ml NS was injected intrauterine for three days to prevent the bacterial infection. The fluid therapy, antibiotics, analgesic and echbolic were given for five days. To prevent reoccurrence various techniques such as rope truss (Dharani *et al.*, 2010), horizontal mattress suture (Singh *et al.*, 2011) and

Buhner's suture (Yotov *et al.*, 2013) techniques were reported. In the present case, mattress suture with cotton material was used to prevent recurrence and worked successfully. Among the predisposing factors for genital prolapse includes high levels of estrogens around parturition, increased intra-abdominal pressure (Roberts, 1971), altered micro- and macro mineral metabolism (Bhatti *et al.*, 2006), foods containing phytoestrogenic substances (Miesner and Anderson, 2008) and genetic predisposition. In the present case the deficiency of calcium and excessive relaxation of ligaments due to high estrogen during calving may be the cause for eversion of uterus. In the present case, the prolapsed mass complete however the case was presented immediately hence there was no blood loss and contamination. The prompt treatment successfully managed an unusual case of complete eversion uterus in buffalo.

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Figure 1. Complete eversion of uterus in graded Murrah buffalo.

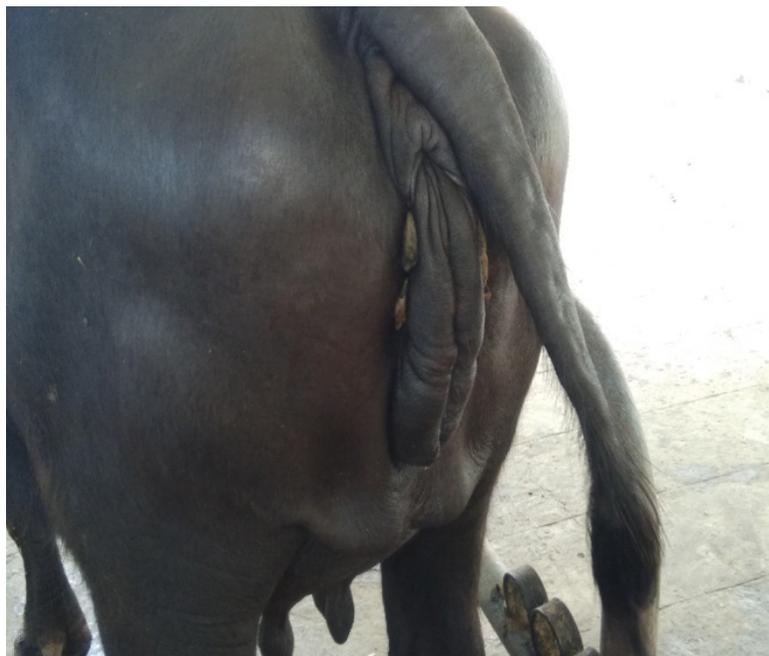


Figure 2. Reposition of prolapsed uterus and mattress suture on vulva.

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