

## THERAPEUTIC MANAGEMENT OF PYOMETRA IN CROSSBRED MURRAH BUFFALO

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**ABSTRACT**

Pus filled uterus described as pyometra. In present case a crossbred Murrah she buffalo was suffering from the pyometra and produces dead calf on calving. Clinical signs showed fever, anorexia, inactivity, mucopurulent discharge from vagina and lack of interest towards feeding. The case was treated locally and parenterally. The cow recovered successfully within 8<sup>th</sup> days without any secondary complications.

**Keywords:** *Bubalus bubalis*, buffaloes, pyometra, uterus, crossbred Murrah, mucopurulent discharge

**INTRODUCTION**

Pyometra is characterized by accumulation of pus inside the uterus and in the presence of a corpus luteum (CL), a closed cervix and failure to express estrus (Sheldon *et al.*, 2006). A significant rise of number of pathogenic bacteria inside the uterus when the corpus luteum forms and results in pyometra (Noakes *et al.*, 1990). Sometimes, cervical lumen is not completely obstructed, and the mucopurulent discharge can be seen in the

vagina when the animal lies down, urinates or defecates in some cases (Praveen Raj *et al.*, 2015) similar signs found in the present case.

Also, pyometra can be considered as a sequel of endometritis where cows ovulate in the presence of a contaminated uterus (Chapwanya, 2008). The present report describes a case of pyometra with dead fetus in she buffaloes and their successful treatment.

**MATERIALS AND METHODS**

12 years old crossbred Murrah she buffalo was presented with the complaint of continuous sanguineous to mucopurulent discharge from the vulva since last 7 days (Figure 1).

Further anamnesis with the owner revealed that, the colour of vaginal discharge was clear earlier afterwards converted into muddy brown with offensive smell (Figure 2). The animal was pregnant and gave birth to a dead fetus on same day (Figure 3). On clinical examination animal expressed signs of dullness, depression, lethargic, anorectic (refuse to take feed), frequent urination, salivation and distended abdomen. Physiological parameters revealed elevated body temperature,



Figure 1. Showing the discharged pus through vulva.



Figure 2. Showing the muddy brown colour pus.



Figure 3. Showing the dead fetus and placenta with pus.

decreased respiration and heart rate.

On the basis of history of owner, clinical signs and alteration in physiological parameters the case was tentatively diagnosed to be of pyometra and cause of death of fetus might be due to infection. It was decided to treat the animal with fluid therapy, uterine flushing under umbrella of parenteral drugs. To minimize further toxemia and dehydration, the animal was rehydrated by fluid therapy in the form of 5% dextrose saline, 10 liters and Ringers lactate solution 10 liters intravenously. The perineal region of the animal was washed with diluted 2% potassium permanganate solution locally, to check entrance of infection. The remnant of placenta and pus was removed from the uterus. The uterus was flushed with a normal saline solution followed by combination of metronidazole and povidone iodine. Four intrauterine boluses placed inside the horn of uterus (2 in each horn). Parenterally,

streptopenicilin (4 gm) intramuscularly for 5 days, Meloxicam 0.2 mg/kg body weight intramuscularly for 4 days and Multivitamin 15 ml, intramuscularly for 4 days were given. Daily intrauterine flushing was done for next 5 days with metronidazole and povidone iodine solution. The animal showed remarkable improvement after 5<sup>th</sup> post treatment day and animal completely recovered with normal appetite within 8 days. The owner was also suggested for close monitoring of any unusual signs and regularity of upcoming estrus.

## RESULTS AND DISCUSSIONS

Most of the time it was found that accidental intrauterine infection occurred due to the avoidance of aseptic precautions during the per rectal examination or unhygienic practice

and improper management of animal, leads to economic loss in the form of died fetus and infertility of the productive animal. Pyosalpinx was also found with presence of pus in one or both fallopian tubes. Infection may start from vagina and gradually goes up to the cervix, uterus and to one or both fallopian tubes, if not diagnosed properly and treated at earlier stages (Shivhare *et al.*, 2012). Sharma *et al.* (2018) also suggested that early diagnosis should be done to prevent the chances of infection to ascend and infertility.

### CONCLUSION

It is therefore advised to begin treatment as soon as possible to reduce the further aggravation of the condition.

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