MANAGEMENT OF POST PARTUM CERVICO-VAGINAL PROLAPSE WITH RETAINED FETAL MEMBRANES IN A BUFFALO (*BUBALUS BUBALIS*) – A CASE REPORT

K. Jyothi[1,*], K.G. Solmon Raju[2] and M. Mutha Rao[3]

ABSTRACT

A rare case of post partum cervico-vaginal prolapse (CVP) associated with retained fetal membranes, successfully managed in a pleuriparous non-descript buffalo by applying a vulvar rope truss along with supportive therapy, is reported and discussed. Application of a vulvar rope truss is simple, non invasive and the most practical method of retaining post partum prolapse after removing retained fetal membranes in buffaloes.

Keywords: cervico-vaginal prolapse, fetal membranes, rope truss, pleuriparous, buffalo

INTRODUCTION

Prolapse of vagina usually involves prolapse of the floor, the lateral walls and a portion of the roof of the vagina through the vulva thereby moving the cervix and uterus caudally. Typically, it is a disorder of ruminants encountered in late gestation when a large amount of estrogen is secreted from the placenta (Roberts, 1971; Arthur *et al*., 1989). Quite unusually, Sha and Nakao (2003) reported about 65% CVP in the last trimester of gestation in Nepali buffaloes. Occasionally, the condition occurs following calving, especially those cases involving dystocia which cause severe straining and trauma. Atony of the reproductive tract and general weakness of the animal with impaired mineral balance were reported to be some of the pre disposing factors (Roberts, 1971) to produce this condition. The present report discusses management and successful treatment of post partum CVP in a non-descript buffalo.

CASE HISTORY AND OBSERVATION

A non-descript pleuriparous buffalo aged about 7 years was brought to the college clinic with a history that it had calved 24 h back but within 12h after calving there was prolapse of the vagina and cervix. History further revealed occasional protrusion of vaginal floor as a reddish mass when the animal was lying down during the last 15 days of gestation. The animal was presented in the clinic with complete prolapse of vagina and cervix along with retained fetal membranes hanging below the hocks (Figure 1). It exhibited mild, intermittent straining. Though the animal was temporarily off feed, the clinical parameters like temperature, pulse and respiratory rate were within the normal range.

[1,*]College of Veterinary Science, Proddatur, Andhra Pradesh, India, E-mail: jyothik100@gmail.com
[2]Teaching veterinary clinical Complex College of Veterinary. Science
[3]Department of VGO, Proddatur, AP. India

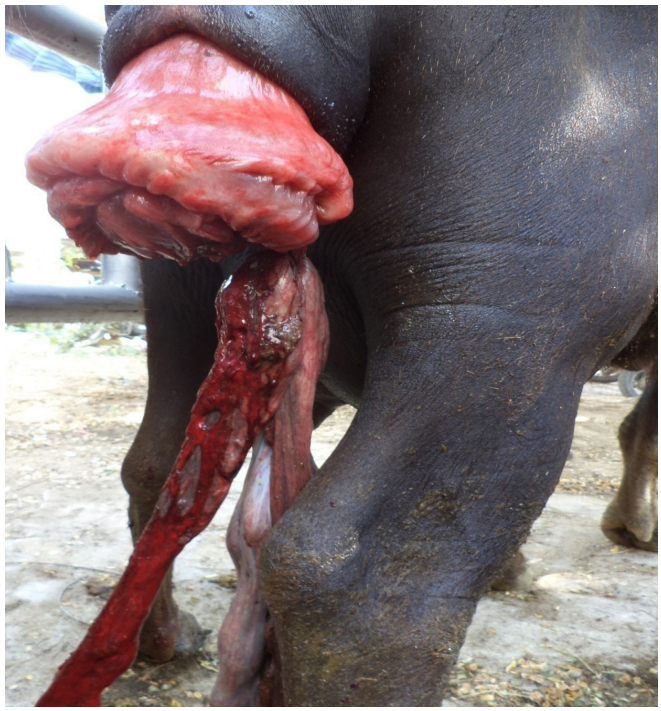

Figure 1. Cervico-vaginal prolapse with retained fetal membranes.

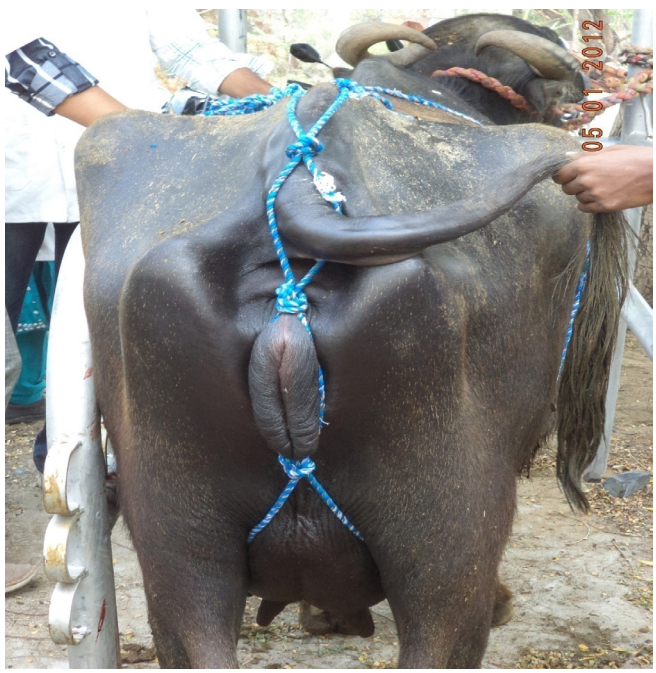

Figure 2. Application of rope truss - rear view.

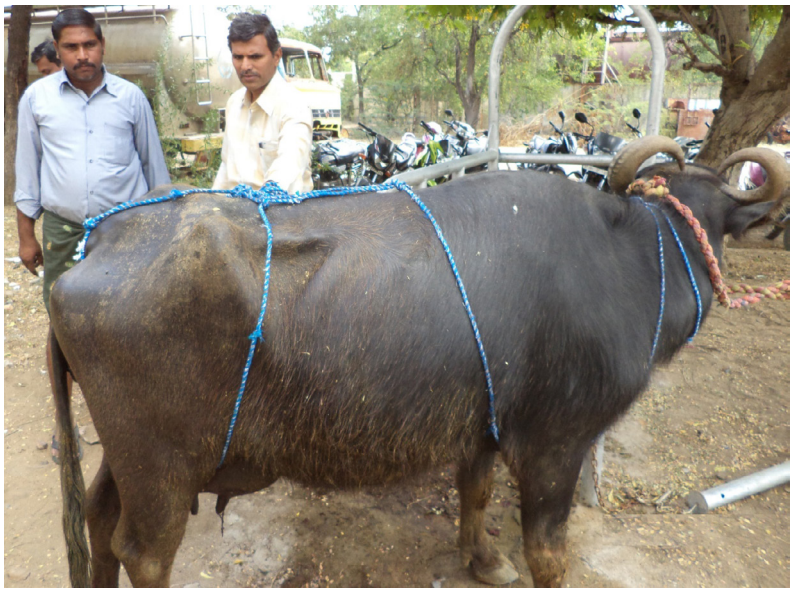

Figure 3. Application of rope truss- lateral view.

TREATMENT AND MANAGEMENT

The buffalo was securely restrained in a travis and was administered epidural anaestehsia (2% lignocaine, 5ml). The hanging portion of the placenta was removed manually. The prolapsed mass was washed free of dirt and debris with 0.1% potassium permanganate solution. The protruding mass was gently elevated above the ischial arch to empty the bladder. After applying mild antiseptic cream, the prolapsed mass was reduced by gentle pushing action with fisted hand while slowly elevating the mass from below simultaneously with the palm of other hand, thereby replacing the cervix and vagina to their original position. Recurrence of prolapse was prevented by applying vulvar rope truss (Figure 2). The animal was administered injection (inj) 5% dextrose saline, 3 litres intra venously, inj. enroflaxacin at the rate of 5 mg/Kg body weight intra muscularly (i.m.) for 3 days, inj. meloxicam 0.5 mg/Kg body weight i.m for 3 days, inj. chlorophenaramine maleate 50 mg i.m and inj. styptochrome 25 mg i.m.

RESULTS AND DISCUSSION

The rope was removed after 48 h when the straining was completely stopped. The animal had an uneventful recovery and was discharged after 3 days. One of the most practical and simple and least drastic methods of controlling CVP is by applying a vulvar truss made of rope, leather or metal (Roberts, 1971). The truss exerts sufficient pressure on both the sides of vulva to keep it closed, without interfering with defecation or micturition thereby preventing recurrence of prolapse (Craig *et al*., 2000). Further, formation of a permanent vulval scar which is usually an undesirable sequel to applying vulval sutures following reduction of prolapsed mass, can also be prevented through use of a rope truss. Also, in an emergency, the animal owner can manage the condition through application of such a truss at the farm level (Figure

3). The prognosis is usually favourable and future breeding efficiency is not affected if the condition is promptly diagnosed and treated under hygienic conditions.

REFERENCES

Arthur, G.H., E.D. Noakes, H. Pearson and T.J. Parkinson. 1989. *Veterinary Reproduction and obstetrics,* 6th ed. Harcourt (India) Private Ltd. New Delhi. 134-140.

Craig, J.F. 2000. *Fleming's Veterinary Obstetrics*, 4th ed. 478-484.

Roberts, S.J. 1971. *Veterinary obstetrics and genital Diseases (Theriogenology)*, 2nd ed. CBS Publishers and Distributers, India. 189-196.

Sah, S.K. and T. Nakao. 2003. Some characteristics of vaginal prolapse in Nepali buffaloes. *J. Vet. Med. Sci.*, **65**(11): 1213-1215.