

Case Report

**POST PARTUM COMPLETE UTERINE PROLAPSE IN A NON-
DISCRIPT COW AND ITS THERAPEUTIC
MANAGEMENT –CASE REPORT**

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Abstract: A five year old nondescript cow in third calving was presented with history of protrusion of mass through the vulva after one day of calving. On clinical examination, animal was apparently healthy and showed hypothermic. The prolapsed uterus was edematous, soiled with feces, straw, dirt and blood clots. The prolapsed uterus was clinically managed; repositioned and modified Buhner's suture was applied. Animal had an uneventful recovery.

Keywords: Cow, Non-descript, Uterine Prolapse, Therapeutic management.

INTRODUCTION

Prolapse or eversion of uterus is also called 'casting of wethers' or 'casting of calf bed' and is a common complication of third stage of labour in cow, buffalo, doe and ewe (Roberts, 1986; Joseph *et al.*, 2001; Selvaraju *et al.*, 2004; Sharma and Dhama, 2007). It occurs less frequently in sow and is rare in mare and bitch (Arthur *et al.*, 1996). It is considered as one of the major and commonly encountered reproductive problem occurring in postpartum cows and buffaloes causing great economic loss to farmers (Sloss and Dufty, 1980) cow is reported. Prolapsed uterus is highly prone to mechanical injury and or trauma and environmental contamination that may lead to increased maternal morbidity and may even lead to death of the animal owing to trauma, laceration, subsequent hemorrhage, tissue necrosis, bacterial contamination, sometimes urinary incontinence, hypocalcaemia, stress incontinence and shock (Jana and Ghosh 2004). It is observed most commonly in cow, ewe, doe and sow and occurs most often, immediately after parturition and occasionally upto several hours afterward (Arthur 1996, Roberts, 1971). Causes of such genital organ prolapse

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could be many and retention of prolapsed part is most important to prevent trauma to the prolapsed organ (Rai and Prabhakar, 2000).

The present case reports of Post-partum complete uterine prolapse in an indigenous pluriparous post parturient cow and its successful obstetrical and therapeutic management.

CASE HISTORY AND OBSERVATIONS

A five years old non-descript cow in its 3rd lactation was attended at owners doorstep on emergency call for the correction of prolapsed genitalia and treating the cow for its inability of standing. It was reported that the cow gave birth to a healthy male calf one day before the prolapse occurred. Placenta dropped normally within six hours post calving but the genitalia started protruding from the vulval lips last night while on sitting. Next day morning it was observed that the whole uterus had prolapsed out and the cow could not rise up even after assistance and mechanical support for standing. Gynecoclinical examination had led to the diagnosis of such condition as post parturient paresis and complete uterine prolapse. Pulse and respiration were within the normal range but the animal was hypothermic (98.50F). The animal was alert but it was not taking food and drink and was not passing urine.

TREATMENT

The animal was tranquilized with xylazine Total dose 0.2ml in ear vein and restrained on the surface and epidural anaesthesia was given using 10ml of 2% Lignocaine hydrochloride. All dirt and debris were removed and uterine mass was again washed with saline and finally with 1:1000 Potassium permanganate solution and was placed on clean gunny bag. Partially attached foetal membranes were gently detached without injury to caruncles. Then application of ice cube over prolapsed mass was done to reduce size and excessive edema. After 15-20 minutes of ice application BIPP Solution was applied all over the mass for easy introduction. The uterus was pushed inside little by little, starting with portions near vulval lips. By gentle manipulation and pressure, cotyledons were pushed into vagina, maintaining lips of vulva remain well apart and without turning inwards. Then by applying synchronous and meticulous pressure and inward force, prolapsed mass was completely pushed inside vulva and repositioned. Uterine pessaries using Ciprofloxacin and Tinidazole (Ciflox-Tzbolusa) was placed inside the uterus and modified Buhner's suture was applied. Antibiotics Ceftriaxone @ 10 mg/kg b.wt (Intacefa) and Meloxicam @ 0.2 mg/kg b.wt (Melonex) were given intramuscularly for 7 days. Oral Calcium liquid (Calshaktia) administration was recommended @ 100ml daily for 10 days. On 7th day, purse string suture was removed and cow recovered completely without further complication.

RESULTS AND DISCUSSION

Arthur *et al.* (1996) stated that uterine prolapse is associated with onset of uterine inertia during 3rd stage of labor when a portion of detached after birth occupies birth canal and protrudes from vulva. In present case, considering same cause of uterine prolapse, intravenous administration of calcium and magnesium corrected hypothermia due to hypocalcaemia and provided tonicity to perineal muscles assisting holding of prolapse uterine mass, simultaneously oxytocin provided tonicity and slight contraction to smooth uterine musculature which helped repositioning and improving uterine inertia. Parenteral as well as intrauterine antibiotic therapy were instituted to control and combat with possible bacterial infection and to establish uterine hygiene for future reproductive performance. Antiinflammatory, analgesics and antihistaminic were helpful to correct pain/ inflammation and vitamin B-complex and liver tonic plays important role in correction of off feeding occurs due to long antibiotic therapy. Cow, recovered successfully without further complication of prolapse.

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Fig 1. Uterine prolapse mass with cotyledone. **Fig 2.** After management of uterine prolapsed