

Clinical Article

**OBSTETRICAL MANAGEMENT OF TOTAL UTERINE PROLAPSE IN
A KANGEYAM HEIFER**

S. Prakash¹, M. Selvaraju¹, S. Manokaran¹, K. Ravikumar² and M. Palanisamy²

¹Department of Veterinary Gynaecology and Obstetrics

²Department of Clinics,

Veterinary College and Research Institute, Namakkal

TANUVAS, Tamilnadu, India

E-mail: prakashsmile80@gmail.com (*Corresponding Author)

Abstract: Total Uterine prolapse and its obstetrical management in a Kangeyam heifer is reported.

Keywords: Uterine prolapse, Vulvalretension suture, Kangeyam heifer.

Uterine prolapse is a common complication of third stage of labour in crossbred cows (Arthur et al., 1999) affects the future fertility (Potter, 2008). It has been recorded most commonly in pluriparous dairy cattle (Roberts, 1986) and the incidence is about 12 per cent after calving. Perusal of literature revealed that the incidence of total uterine prolapse in Kangeyam breed of cow is not reported. Hence, the present report puts on record a case of total uterine prolapse in a Kangeyam heifer and its successful management.

Case history and Observation

A Kangeyam primipara was referred to Teaching Veterinary Clinical Complex, Veterinary College and Research Institute, Namakkal with the history of total uterine prolapse after normal calving. The animal delivered a female calf 48 hours before, shed. At the time of administration the animal was in lateral recumbency having continuous straining. All the vital parameters were within the normal physiological limit. During vaginal examination, the improperly reduced prolapsed mass was palpated in the vaginal passage. The mass was swollen, necrotic and contaminated with soil, dung, dirt and debris (Fig. 1).

Treatment and Discussion

Animal was restrained with epidural anaesthesia (2% Lignocaine, 4 ml). Improperly reduced prolapsed uterus from the vagina was pulled out manually and washed with 1:1000 KMnO₄ solution. The urinary bladder was emptied by relieving urine by using urinary catheter. Theedema of the prolapsed mass was reduced by pouring hypertonic saline solution. The

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animal was placed in the hind quarter elevator for easy reduction of the mass. The mass was thoroughly lubricated with cetrimide cream and the vulval lips were pulled apart and everted uterus was pushed through the vulva by manual pressure into the pelvic cavity. Then through the vagina and cervix, the uterus was replaced by manually to its original position. After replacement, the entire perineal region including the vulvar lips were cleaned with 2% KMnO₄ solution. Vulval retention suture was applied for preventing recurrence (Fig. 2). Animal was treated with Inj. calcium borogluconate (300 ml, I/V), Inj. Streptopenicillin (5 gm I/M), Inj. Doloban vet (15 ml I/M), Inj. Chlorpheniramine maleate (15 ml I/M), Inj. Neurokind (10 ml I/M), Inj. Oxytocin (30 IU I/M), Bolus. Uromet (4 Nos. I/U). Postoperative antibiotic and anti-inflammatory and antihistamine treatments were continued for two more days. Animal recovered uneventfully and discharged on third day.

The genital prolapse occurs frequently in buffaloes with a recorded incidence of about 14% (Bhatti *et al.*, 2006). It was commonly noticed during immediately post-partum especially after dystocia (Sah and Nakao 2003). At the same time the incidence was also registered in cattle and sheep (Bhattacharyya *et al.*, 2012). But in the reported case, the prolapse was observed in Kangeyam heifer after normal parturition. The objective in the treatment of uterine prolapse was replacement of the organ to its original position with proper recurrence prevention. In the present case, proper repositioning of the prolapsed mass along with vulval retention suture led to no recurrence of the condition. Vascular compromise, trauma and faecal contamination of the prolapsed mass might cause increase toxin intake across the uterine mucosa. However, careful removal of dung and dirt materials using potassium permanganate solution prevented the uterine infection in this case as noticed by Simon *et al.* (2015). The usual sequelae of uterine prolapse was haemorrhage, shock, septic metritis, peritonitis, infertility or death. Sometimes in delayed cases, partial contraction of cervix interferes with proper repositioning resulting in recurrence of prolapse. However, in the reported case, no abnormal consequences were noticed due to timely admission, proper treatment and follow-up.

Summary

Successful obstetrical management of total uterine prolapse in a Kangeyam heifer was reported.

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Fig. 1. Kangeyam cow with swollen, necrotic contaminated prolapsed mass



Fig. 2. Vulval retension suture to prevent the recurrence