

THERAPEUTIC MANAGEMENT OF POST PARTUM UTERINE PROLAPSE IN KANKREJ CATTLE

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Abstract: Total 4 cases of uterine prolapse in Kankrej cattle were corrected at Jaliyana Panjarapole during Ambulatory Clinical Service. Most of the Uterine Prolapsed was found within 1 to 7 hour of parturition. In present study all cases of uterine prolapse, replacement of everted organ of uterine prolapse was done manually following proper precautionary measures and supportive treatment. Among them all cases of uterine prolapse were completely recovered.

Introduction

Uterine prolapse is the protrusion of the uterus from the vulva with the mucosal surface exposed (Gustafsson *et al.*, 2004). Uterine prolapse has been recorded in all species of animal, although most commonly seen in pluriparous dairy cows occurring immediately after parturition and occasionally after several hours (Roberts, 1971; Noakes *et al.*, 2001). Incidence of post partum uterine prolapse varies from 6.6 % to 12.9 % (Nanda and Sharma, 1982). It is regarded as an emergency condition and should be managed before excessive edema, mucosal trauma, contamination and fatal hemorrhage (Miesner and Anderson, 2008). Various predisposing factors lead to uterine prolapse in the cow, i.e. hypocalcaemia, hypophosphatemia, hypomagnesemia, prolonged dystocia, fetal oversize, fetal traction, retained fetal membranes, chronic disease and paresis (Ahmed *et al.*, 2005; Potter, 2008). The present paper deals with the study of 3 cases of post-partum uterine prolapse in Kankrej cows.

Case History and clinical observations

Four pluriparous Kankrej cows belonging to a local panjarapol suffered with uterine prolapse. Uterine prolapse occurred within 1 to 7 hours of parturition. One case suffered with dystocia and was handled by animal keeper. On general clinical observation, three cows were in

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sternal recumbency, debilitated and unable to get up while one was in standing position, healthy and active. In all cases, the prolapsed mass was soiled with dirt and feces and cows exhibited severe straining. In two cows, prolapsed foetal bed had foetal membranes adhered to it which was dry. In recumbent cows, there were increased respiration and severely congested conjunctival mucous membrane. From the history and clinical observations, the cases were diagnosed as post partum uterine prolapse.

Gynecological management and treatment:

Caudal epidural anesthesia was achieved with 5ml 2% lignocaine HCL. In cows with placenta adhered to fetal bed, the prolapsed foetal bed and placenta were washed with normal saline. Then the placenta was carefully separated by detaching foetal cotyledons from maternal caruncles avoiding damage to maternal caruncles and bleeding. In recumbent cows, the hind portion of the body was lifted by chain elevator and a bag filled with straw was placed below the hind portion for support to facilitate repositioning of prolapsed fetal bed. Before repositioning, prolapsed foetal bed was washed with 1 ppm potassium permanganate solution, Liquid paraffin was applied to prolapsed foetal bed and was repositioned in pelvic cavity with help of manual force. To facilitate complete repositioning, 5-10 liter of clean warm water was infused into uterus and removed afterward with the help of cotton as much as possible. To prevent further complications, intrauterine four Furea boli were kept in uterus. Re-occurrence of prolapse due to tenesmus was prevented by applying Buhner's sutures. Post operatively, cows were treated with Inj. Mifex and Ringer's lactate as I/V therapy, followed by Inj. Anistamine @ 10 ml TD I/M, Inj. Quintas @ 5 mg/kg, Inj. Melonoex @ 0.5 mg/kg I/M o.i.d for three consecutive days and Inj. Tonophos @ 10 ml TD I/M on alternate day for twice with daily dressing of suture line with Liq. Povidone iodine.

Result and Discussion

All the cows showed good recovery without recurrence and other complications. The suture was removed after one week. The usual sequel of uterine prolapse is haemorrhage, shock, septic metritis, peritonitis, infertility or death. Bhattacharya *et al.*, 2012 reported 9.09 % mortality rate and 18.18 % cows developed metritis. Sometimes in delayed cases, partial contraction of cervix interferes with proper repositioning, resulting in recurrence of prolapse (Bhoi and Parekar, 2009). Elevation of hind quarters helps in repositioning of prolapsed uterus with good recovery rate (Ishii *et al.*, 2010). It was observed that the hygienic handling, proper management and treatment should definitely prevent further reproductive tract damage and aid in quick recovery.



Fig. 1 Fetal membranes attached to fetal bed



Fig. 2 After removal of fetal membranes



Fig. 3 Elevation of animal with chain elevator



Fig. 4 Application of Buhner's suture

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