

Clinical Article

**MANAGEMENT OF POST PARTUM TOTAL UTERINE PROLAPSE IN
A NON DESCRIPT GOAT**

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Abstract: A case of postparturient total uterine prolapse in a 2 years old non descript doe was presented for the treatment. Six hours after a delivery of two live kids, the uterine mass has protruded out and hanging down from vulva towards hock. The everted uterus was carefully examined and gross debris was gently removed and disinfected with antiseptic solution. Epidural anaesthesia was achieved using 2 ml of 2% lignocaine solution administered at the intercocygeal joint. The prolapsed uterine mass was replaced manually and no suture was placed on the vulva. Oxytocin, calcium borogluconate, broad-spectrum antibiotics and DNS solution were administered. The animal was completely recovered.

Keywords: Uterine prolapse management, non descript Goat.

Introduction

Prolapse of the uterus generally occurs immediately after or a few hours of parturition when the cervix is open and the uterus lacks tone (Hanie, 2006). Uterine prolapse is most common in the cow and ewe, less common in the doe and rare in the mare (Roberts, 1986) and is an emergency condition which needs prompt and immediate attention (Noakes et al., 2001). It is simply an eversion of the uterus which turns inside out and passes through the vagina. Prolapse that occur more than 24 hours post-partum is extremely rare and is complicated by partial closure of the cervix, making replacement difficult or even impossible (Fubini and Ducharme 2006). It normally occurs during the third stage of labour at a time when the fetus has been expelled and the fetal cotyledons have separated from the maternal caruncles (Noakes et al., 2001). The etiology of uterine prolapse is unknown, but many factors have been associated with prolapse (Jackson, 2004 and Hanie, 2006). These includes conditions such as poor uterine tone, increased straining caused by pain or discomfort after parturition, excessive traction at assisted parturition and the weight of retained fetal membranes.

Predisposing factors include increased intra-abdominal pressure associated with increased size of the pregnant uterus, intra-abdominal fat, or rumen distension superimposed upon relaxation and softening of the pelvic girdle and associated soft-tissue structures in the pelvic

canal and perineum Conditions that increased intra-abdominal pressure including tympany and excessive estrogen content in the feed. The prolapse is visible as a large mass protruding from the vulva, often hanging down below the animal's hock. The placenta may likely be retained during this period (Roberts, 1986). Immediately after prolapse occurs, the tissues will appear almost normal, but within a few hours they become enlarged and edematous. Some animals will develop hypovolaemic shock secondary to internal blood loss, laceration of the prolapsed organ or incarceration of abdominal viscera (Potter, 2008). Animals with uterine prolapse treated promptly recovers without complication while delay treatment could result in death of the animal in a matter of hour or so from internal haemorrhage caused by the weight of the organ which tears the mesovarium and artery (Noakes et al., 2001). Success of treatment depends on the type of case, the duration of the case, the degree of damage and contamination. This paper focuses on the clinical management of total uterine prolapse in a doe, which occurred after delivery of kids in a non descript goat.

Case History and Observations

A two years old non descript doe weighing 19 kg of body weight from Pudupatti village near Rasipuram of Namakkal District, Tamil Nadu was brought to the field Veterinarian with the history of having two live kids on its first kidding just 8 hours before arrival to the hospital. After delivery, the animal had continuous straining and the complete uterine mass was prolapsed after six hours of delivery. At the time of observation, the uterine mass was protruding from the vulva and hanging down below the animal's hock. The animal was dull and depressed. The clinical examination showed a pale visible mucus membranes and the body temperature was 37.0⁰C. The heart rate was 85/min with the respiratory rate of 25/min.. The fetal membranes were tightly adhered over the caruncles and the uterine mass was totally soiled and inflamed.

Treatment and Discussion

The 2 ml of 2% lignocaine was administered into the first inter coccygeal space to attain epidural anaesthesia to prevent straining during replacement of the prolapsed organ. Then the prolapsed uterus was gently washed and disinfected with diluted chlorhexidine solution and the foetal membranes were separated manually from the maternal caruncles. The urine was relieved from bladder by catheter. The uterine mass was washed with saturated salt solution to reduce the edema again washed with 1% potassium permanganate solution. The cetrimide cream was liberally applied over the uterine mass. The hind portion of the animal was elevated by folding the hind limbs at the level of hock joint. The vulval lips were pulled apart

and the everted mass was reduced using the palm of both the hands with moderate force the prolapsed uterus was gently pushed in through the vagina. The proper replacement was ensured by introducing the hand through the cervix and no vulval retention suture was applied and ensured proper reduction of uterus to avoid recurrence prolapse. The animal was administered with inj.Calcium borogluconate (75 ml, slow i/v), inj.Oxytocin (10 IU,i/v), inj.DNS (400 ml,i/v), inj. ceftriaxone (200 mg,i/m) and inj.Chlorpheniramine maleate (30 mg,i/m).The antibiotic and antihistamine was continued for three days and animal recovered uneventfully.

Prolapse of the uterus normally occur during the third stage of labour at a time when the fetus has been expelled and the fetal cotyledons has separated from the maternal caruncles (Noakes et al., 2001). Prolapse of the uterus invariably occurs immediately after or within several hours of parturition, when the cervix is open and the uterus lacks tone. Prolapse of the post-gravid uterine horn usually is complete in cows, and the mass of uterus usually hangs below the hocks. The invagination of the contralateral horn, which is prevented from exteriorization by the strong intercornual ligament, can be located by careful examination of the surface of the prolapsed organ (Miesner *et al.*, 2008). In sows, one horn may become everted while unborn piglets in the other prevent further prolapse. In small animals, complete prolapse of both uterine horns is usual (Jackson, 1995 and Munro, 2004). The aim in the treatment of uterine prolapse is the reduction of uterus followed by a method to keep it in a retained position. A full clinical examination of animals with uterine prolapse must be undertaken as signs of toxemia like inappetence, increased respiratory rate, raised pulse and congested mucus membrane. Once the uterus is in its normal position, oxytocin 10 i.u intramuscularly should be administered to increase uterine tone. It has also been reported that most of the animals with uterine prolapse are hypocalcaemic (Fubiniand and Ducharme, 2006). Where signs of hypocalcaemia are noticed such animals should therefore be given calciumborogluconate. An injectable broad spectrum antibiotics once administered for three to five days after replacement of the prolapsed will prevent secondary bacterial infection (Hosie, 1993; and Plunkett, 2000).

Total Uterine Prolapse in a Goat





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