

## CLINICAL MANAGEMENT OF VAGINAL AND RECTAL PROLAPSE IN CROSSBRED JERSEY COW – A CASE REPORT

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**Abstract:** A crossbred Jersey cow, 6 years old in its second trimester of pregnancy, showed a severe prolapse of the vagina and rectum. Epidural anesthesia was performed as a first attempt to reduce visceral tenesmus. Also, a combined diuretic and anti-inflammatory drug was administered with the aim to resolve edema. After stabilizing the animal, the prolapse mass was replaced manually and a course of parental antibiotic, analgesic and fluid therapy were administered. The cow recovered uneventfully.

**Keywords:** Crossbred Jersey Cow, Vagina Prolapse, Rectum Prolapse, Epidural anesthesia.

### Introduction

Prolapse of the vagina, with or without prolapse of the cervix, occurs most commonly in cattle; the condition is usually seen in mature females in the last trimester of pregnancy. The major causal factors of this pathology include increased intra-abdominal pressure associated with increased size of the pregnant uterus and prolonged tenesmus (1). Rectum prolapsed may occur in animals of any age, breed, or sex. In cattle, the condition may be a result of prolonged tenesmus or increased intra-abdominal pressure due to bloat, trauma and act of parturition, dystocia (2) and vaginal or uterine prolapse (3). In this communication, a rare case of prolapse of both rectum and vagina in its first trimester of pregnancy and its successful management was discussed.

### Materials and Methods

**Case History & Clinical Observations:** A crossbred Jersey cow, 6 years old; weighing approximately 250 kg showing average body condition score (BCS = 2.5) was presented to the Veterinary Clinical Complex, College of Veterinary Science, Garividi with prolapse of vagina and rectum in its fourth month of gestation. During our first exposure, the Initial clinical examination of the cow revealed an vaginal prolapse (type II) and rectal prolapse (type II). According to anamnesis the problem has occurred since 12 hours. Both protruded organ parts were appearing as a pink to red rosette with a severe edema (Fig. 1). The prognosis depends on the severity of the case, degree of damage and contamination, duration

of its existence or how quick it is attempted with suitable treatment. The temperature was in mild hypothermia, pulse and respiratory rates were all within the reference values and mucous membranes were pink. Also, the animal has maintained a normal appetite.

### **Results and Discussion**

**Treatment & Discussion:** Caudal epidural anesthesia was performed, with 6 ml of 2% Lignocaine hydrochloride (Xylocaine), in the first intent, to reduce viscera tenesmus. Both of the prolapsed tissues were gently pushed and quickly held in the pelvic cavity (Fig. 2), after the onset of anesthesia within fifteen minutes (4). Retention of the replaced rectum was made by a purse-string suture placed through the skin and deep fascia around the anus; using of a non-absorbable suture material. The calcium borogluconate, antibiotics and analgesics were administered parentally and also advised the same for five days. On the next day the case was reported again with severe eversion and edematous prolapsed rectum and vaginal tissues due to rupture of suture material. The vulval labia became edematous. Following caudal epidural anesthesia, to reduce the tenesmus, due to the severe edema; diuretic and anti-inflammatory drugs (10 ml of Ridema and 10 ml of Chlorphenaramine maleate) were administered with the aim to resolve it. Both the prolapsed tissues were gently pushed and quickly held in the pelvic cavity, after the onset of anesthesia. In addition, a solution of 400 ml of calcium borogluconate was administered intravenously as a treatment against a possible hypocalcaemia given the observed hypothermia.

The inadequately nutrition management is commonly listed as a major contributing factor to the prevalence of vaginal prolapse. Feeding conduct, with high level of easily digestible energy responsible in the ruminal distention resulting from acidosis contributes to the formation of the higher intra-abdominal pressure; and on the other hand, the poor quality of the straw feeding. Both seem to be the major causal factors of this pathology. Also, the hypocalcaemia can be incriminated in this case given registered hypothermia (1). With regard to the rectal prolapse, also the increased intra-abdominal with the pressure brought about by the expansion of the uterus, are thus more likely to have precipitated the organ prolapse (3). In the present case, we have advised the owner to improve the managerial practices like increased the feeding frequency, upward elevation of rear portion of the animal, sufficient exercise, avoid poor quality straw feeding and oral administration of calcium preparation to prevent recurrence of the prolapsed tissues and thereby minimize the economical losses to the herd.

## References

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Fig.1



Fig.2