

CLINICAL MANAGEMENT OF POST PARTUM UTERINE PROLAPSE IN A DOE

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Abstract: The present paper reports the successful management of postpartum uterine prolapse in a nondescript doe.

Keywords: Uterine prolapse, retention sutures, nondescript doe.

INTRODUCTION

Vaginal and uterine prolapse are common problems in cattle, buffaloes, occasionally in sheep, less commonly in goats and rarely in mares (Roberts, 1982). It may occur during the third stage of labor or immediately after parturition or several hours after parturition occasionally. The prognosis depends on the severity of the case, duration of its existence or how quick it is attempted with suitable treatment or management.

CASE HISTORY & CLINICAL OBSERVATIONS: A 4year nondescript doe in its second parity was presented to the TVCC, NTR College of veterinary science, Gannavaram with a history of kidding with eversion of uterus. The Doe showed symptoms of abdominal distress and frequent straining. On clinical examination slight increase in body temperature, respiration and heart rates was recorded.

TREATMENT: Following clinical examination, the doe was given posterior epidural anesthesia (2% xylocaine 2ml) in the 1st inter coccygeal space in standing position to avoid straining. The prolapsed mass was lifted to the level of ischial arch and urine was evacuated by catheterization. The perineum along with prolapsed mass was washed with water and then followed by normal saline, cleaned with mild potassium permanganate solution (1:1000). The uterus was smeared with saturated sugar solution to reduce the edema and the prolapsed mass was gently pushed inside, placed in position with due care by gentle pressure with fist. Once the uterus is in position, Oxytocin 10 IU IM was administered to enhance the uterine motility.

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After reposition of the prolapsed mass horizontal mattress sutures were applied on the vulval lips to prevent recurrence. Postoperatively the doe was administered Intacef@500mg/kg b-wt. IM, Melonex@1mg/4kg b-wt. IM and 150ml DNS (5%) IV for 5 consecutive days. The vulvar tension sutures were removed on day 7 and the doe recovered uneventfully.

DISCUSSION: The uterine prolapse can be replaced with the animal in standing and recumbent position (Hanie, 2006). Prolapse of the uterus normally occurs during the third stage of labor at a time when the fetus has been expelled and fetal cotyledons are separated from the maternal caruncles (Noakes *et al.*, 2001). Hormonal imbalance/excessive relaxation/stretching of the pelvic and the perineal regions may be the cause of the postpartum uterine prolapse. Complications develop when lacerations, necrosis and infections are present/when treatment is delayed. Hemorrhage, thrombo embolism and shock are potential sequelae of prolonged prolapse. In the present paper the successful recovery could be due to prompt treatment of the doe.



Fig 1: prolapse mass before treatment



Fig 2: After treatment

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