



ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2021; 10(4): 1240-1241
© 2021 TPI

www.thepharmajournal.com

Received: 15-02-2021

Accepted: 23-03-2021

Manikandan R

Ph.D., Scholar, ICAR-Indian
Veterinary Research Institute,
Izatnagar, Uttar Pradesh, India

Pavithra S

Ph.D., Scholar, ICAR-Indian
Veterinary Research Institute,
Izatnagar, Uttar Pradesh, India

Management of post-partum uterine prolapse in a non-descript doe

Manikandan R and Pavithra S

Abstract

A 2.5 year old post partum non descript doe was presented with history of hanging uterus outside. The clinical case was diagnosed as a total uterine prolapse. The animal was administered with 2% lignocaine at intercocygeal joint. The prolapsed uterus cleaned thoroughly and replaced successfully. Suture was performed on the vagina. The animal was treated with antibiotics, anti-inflammatory, antihistamines and calcium borogluconate injections. The total uterine prolapse in a post partum non descript doe was treated and recovered successfully.

Keywords: Non-descript doe, post partum, uterine prolapse

Introduction

Total uterine prolapse common in all species. It is more common in cow and ewe, less common in doe and rare in mare (Roberts, 1986) [1]. Uterine prolapse is an eversion of uterus which turns inside and it passes through vulva. It occurs immediately after few hours of parturition when cervix is open and uterus lacks tonicity (Hanie, 2006) [8]. Prolapse is visible as a large mass protruding from vulva often hanging down below the animals hock (Roberts 1982) [3]. Normally occurs third stage of labour when the foetus expelled and foetal cotyledons expelled from the maternal caruncles (Noakes *et al.*, 2001; Sonu S. Nair *et al.*, 2019) [4, 5]. Several factors are responsible for uterine prolapse but in most cases, identification of the responsible factors is difficult (Jackson, 2004) [6]. Animals with uterine prolapse treated promptly recovers without complication while delay in treatment could result in death of animal in a matter of hour or so from internal haemorrhage caused by the weight of the organ which tears the mesovarium (Noakes *et al.*, 2001) [4]. One of the most common complications associated with uterine prolapse is toxemia which occurs mostly due to fecal contamination of the prolapsed uterus (Bharti and Rajnish, 2014) [7]. This case report presents successful management of total uterine prolapse in a post partum non descript doe.

Case history and clinical observations

A post partum total uterine prolapse was presented with everted uterus hanging from vagina (Figure: 1). Foetal membrane was found to be attached to the uterine caruncles. Respiratory and heart rates were within the physiological range. Conjunctival membrane was congested. Temperature slightly increased at 39.2 °C.

Treatment and Discussion

Goat was administered with 1.2 ml of 2% lignocaine injection epidurally. Prolapsed uterus was washed gently with normal saline and the foetal membranes were separated manually from the maternal caruncles. The mass was washed with saturated salt solution followed by application of POP-IN spary (Natural Remedies). The mass was reduced and washed potassium permanganate solution. The animal was kept in standing position and the prolapsed mass was replaced into pelvic cavity by gentle handling and manipulations to avoid the uterine tear. After repositioning of the uterus, vulval retention suture was performed. The animal was injected with Inj. Enrofloxacin 5mg/body weight, Inj. Meloxicam 0.5mg/body weight, Inj. Chlorphenaramine maleate 1ml, Inj. Calcium borogluconate 80 ml and Inj. Tetanus toxoid 0.5 ml were given. Animal was treated with antibiotics for 3 days to prevent toxemia. Suture was removed on 5th day. Animal was recovered completely. Prolapse occurs within few hours after parturition. Total uterine prolapse case is emergency case and attention to be taken immediately. Management corrections are very important to avoid hemorrhage and shock. The

Corresponding Author:

Manikandan R

Ph.D., Scholar, ICAR-Indian
Veterinary Research Institute,
Izatnagar, Uttar Pradesh, India

uterine prolapse can be replaced with the animal in standing or recumbent position (Hanie, 2006) ^[8]. Once the uterus is replaced, the operators hand should be inserted to the tip of both uterine horns to be sure that no remaining invagination could incite abdominal straining and re prolapse (Fubini and Ducharme, 2006) ^[9]. If the uterus is completely and fully replaced all the way to the tips of the uterine horns, the prolapse is unlikely to occur (Hanie, 2006) ^[8]. Injectable antibiotics administered for three to five days to prevent the secondary complication (Sonu S. Nair *et al.*, 2019) ^[5]. Complications develop when lacerations, necrosis and infections are present or when treatment is delayed. Shock, hemorrhage and thromboembolism are potential sequelae of a prolonged prolapse (Noakes *et al.*, 2001) ^[4].



Fig 1: Total uterine prolapse in a post-partum doe.

Conclusion

Total uterine prolapse is an emergency condition and should be treated immediately. The treatment of uterine prolapse is replacement of the organ followed by a method to keep it in a retained position. Success of treatment depends on the type of case, the duration of the case, the degree of damage and contamination. The total uterine prolapse in a post partum non descript doe was treated and recovered successfully.

References

1. Roberts SJ. Injuries and Diseases of the Purperal Period in Text book of Veterinary Obstetrics and Genital Diseases. 3rd Edition (Vermont and Woodstock 1986,353-397.
2. Haine EA. Prolapse of the vaginal and uterus. Text book of laege and clinical procedures for veterinary technicians. Elsvier, Mosby 2006,218-221p.
3. Roberts SJ. Injuries and Diseases of the Purperal Period in Text book of Veterinary Obstetrics and Genital Diseases. Indian Edn 1982,300-340.
4. Noakes DE, Parkinson TJ, England GCW. Post parturient prolapsed of the uterus in Arthur's Veterinary Reproduction and Obstetrics. WB Saunders, Philadelphia 2001,333-338
5. Sonu S Nair, Sharun K, Anuraj R, Mathew J. Management of post partum total uterine prolapse in Malabari Goats 2019;8(5):2136-2140.
6. Jackson PGG. Postparturient Problems in Large Animals. Handbook of Veterinary Obstetrics 2004,209-231p.
7. Bharti K, Rajnish S. Management of uterine prolapse in goat-a case report. International Journal of Livestock Research 2014;4(8):27-29.
8. Hanie EA. Prolapse of the Vaginal and Uterus: Text

- Book of Large Animal Clinical Procedures for Veterinary Technicians. Elsevier, Mosby 2006,218-221p.
9. Fubini SL, Ducharme GN. Surgical Conditions of the Post Partum Period. Text Book of Farm Animal Surgery 2006,333-338p.