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Successful correction of complete uterine eversion in doe goat: A case report

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Abstract

The doe goat was presented at teaching veterinary clinical complex, Parbhani with anamnesis of complete uterine eversion along with retained placenta reported immediately after kidding. Goat received anaesthesia at Lumbo-sacral site to desensitize the perineum. The hanging everted mass was cleaned with dilute antiseptic solution, applying ice packs and pop-In herbal spray to minimise the size and repositioned with gentle traction. The doe goat were received treatment with use of broad spectrum antibiotics and intra-uterine therapy. The doe goat was recovered without any complications.

Keywords: Uterine prolapse, doe goat, Antibiotic and postpartum eversion

Introduction

The doe goat is second most important livestock species in India. The incidence of post-partum uterine prolapse is very common to all animal species. It is more common in cattle and sheep than in doe goats (Sahadev *et al.*, 2014) [5]. The complete uterine mass is protruding outside through the Vulval lips. The cervix is open and the uterus reduces its tonicity immediately after kidding or within a few hours of kidding (Hanie, 2006) [2]. The everted mass that protrudes from the vulva and frequently hanging to the hock region. It is very commonly observed during the third stage of kidding when the foetal cotyledons get detached from the maternal caruncles. (Sonu *et al.*, 2019) [8]. The farmers in field, with eversion of the uterus, commonly known as "casting of the wethers" or "casting of the calf bed," is a typical difficulty, which occur during third stage of parturition in cattle, buffalo, sheep and doe goat (Selvaraju *et al.*, 2004) [7]. The root cause of uterine eversion is unidentified, but the many risk factors have been acknowledged (Jackson, 2004) [3], including reduces tonicity of myometrium with improved straining caused by excessive pulling during manual traction. The weight of retained foetal membranes is one of the predisposing factor for complete uterine eversion in goat. Some other factors has been reported like increased intra-abdominal pressure, tympany and high quantity of oestrogen level in feeds (Hanie, 2006) [2]. To control secondary bacterial infection, use of antibiotic having broad spectrum activity was given for successful correction of everted mass (Borobia-Belsué, 2006) [1]. The present case report describes successful obstetrical and therapeutic care of post-partum uterine eversion in doe goat.

Case history and clinical parameters

When the case was presented at TVCC, Parbhani the doe goat was in upright position with normal physiological range parameter like respiration, heart rate and body temp-102.5 °F respectively. While attending the case, we observed complete everted mass get hanged through vulva along with foetal membrane. The everted mass get contaminated with dirt and sand which was get occurred when goat in sitting position.



Fig 1: Complete uterine eversion in goat



Fig 2: Reduces size by using pop in spray

Treatment

The doe goat was in upright position when she receiving epidural anaesthesia with at Lumbo-sacral site @ 2.5 ml. The hanging everted mass get cleaned with mild antiseptic solution to prevent development of uterine infection. The 3'R' concepts were followed for correction of complete uterine prolapse. The catheterisation was done to evacuate the urine by passing AI sheath this create space for easy reposition of everted mass. To reduce the size of the hanging everted mass by putting ice-packs, which helps to shrink swollen tissue. By applying lignocaine HCl jelly on prolapsed mass to reduce local sensitization. Although, noticing that the doe goat showing less tendency of straining, it was decided to not applying suture on vulval lips for retention of prolapse mass. The successful reposition and retensio of everted mass the curative medication was given. By using broad spectrum Inj. Enrofloxacin to reduces incidence Secondary bacterial infection @ 5mg deep intramuscular. To correct fluid balance in the body of goat, give 5% Dextrose slow intravenously. The other drugs like Inj. Carbazochrome salicylate, which help to reduce bleeding, given @ 2 ml, I/M and Inj. Chlorpheniramine malate, which help to reduces incidence of allergy, given @ 3ml, I/M respectively. The Inj. Flunixin Meglumine is given to reduce swelling and pain @ 1.1 mg/kg and Inj. Isoxsuprine HCl, which help to accelerate easy retention of everted mass @ 5 mg by intramuscularly. The curative treatment was given till the recovery. The followed up of case was taken up to recovery, which was obtained at five days of treatment.

Discussion

Noakes *et al.*, (2001) [4] reported that occurrence of uterine eversion in doe goat during the third stage of parturition.

Following the delivery of foetus, the detachment of foetal cotyledons from the maternal caruncles. The main goal behind carefully attending and treating this type of emergency cases is to prevent its reoccurrence. Though handling the prolapse case cautiously removing dirt, slough tissue and blood clots with dilute antiseptic solution. Carefully removed necrosed mass with minimal capillary bleeding. The prolapse mass should not be contaminated during handling or repositioning since it will increase toxin uptake in an unfavourable way in the body of doe goat. (Scott, 1998) [6]. The doe goat should receive caudal epidural anaesthesia before repositioning it will cause desensitization of perineum and reduces straining (Hanie, 2006) [2]. Parenteral and supportive medication were used to prevent and control potential bacterial infections, as well as to gain fastest future fertility response. The non-steroidal preparation were given in lightening pain and inflammation. In this we concluded that the, predisposing factor to aggravate the eversion of uterine mass was due to the hanging placenta from vulva along with applying manual traction during time of delivering the foetus.



Fig 3: After Reposition uterine eversion in goat

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