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G Raju

Department of Veterinary
Gynaecology and Obstetrics,
College of Veterinary Sciences,
Rajendranagar, Hyderabad,
India

N Vamshi Krishna Reddy

Department of Veterinary
Gynaecology and Obstetrics,
College of Veterinary Sciences,
Rajendranagar, Hyderabad,
India

K Ramchandra Reddy

Department of Veterinary
Gynaecology and Obstetrics,
College of Veterinary Sciences,
Rajendranagar, Hyderabad,
India

Clinical management of postpartum uterine prolapse in a non-descript buffalo – A case report

G Raju, N Vamshi Krishna Reddy and K Ramchandra Reddy

Abstract

A case of postpartum uterine prolapse in pluriparous non-descript buffalo was presented and its successful clinical management has been discussed.

Keywords: Buffalo, uterine prolapse, management

Introduction

Uterine prolapse is a non-hereditary complication associated with calving [5] that occurs immediately after parturition in most of the cases and occasionally after several hours of parturition [10]. Postpartum uterine prolapse occurs in all large animal species, most commonly indicated in cows and ewes, occasionally in sows and rarely in dogs, cats and mares [11]. Although the predisposing factors like excessive estrogen content in the feed [5], hypocalcemia, increased straining [11], poor uterine tone, forced extraction of the fetus, weight of retained fetal membranes, conditions that increased intra-abdominal pressure including tympany are reported the exact etiology of uterine prolapse is still unclear [8]. In this paper, we discuss the uterine prolapse case reported at Teaching veterinary clinical complex, Rajendranagar, Hyderabad and its clinical management in non-descript buffalo.

Case history and clinical management

A four-year-old non-descript buffalo was presented to Teaching veterinary clinical complex, Rajendranagar, Hyderabad, with a history of normal parturition. The buffalo was healthy and in normal standing position. The uterine horn prolapse was observed 7-8 hours post-partum of a normal, healthy male calf. The prolapsed mass was hanging from vulva (Fig.1). The rectal temperature and pulse rate was normal. Mucous membrane of both the eyes was congested.

Treatment

The buffalo was restrained properly in standing position followed by caudal epidural anesthesia (5 ml 2% Lignocaine hydrochloride) injected into sacrococcygeal space with a 3 inch 18 gauge needle. The prolapsed uterus was washed thoroughly with a mild antiseptic solution (1:1000 potassium permanganate) for removal of the necrotic tissue, debris and dung material. The moderate force was applied on prolapsed mass to reduce manually.



Fig 1: Severely congested hanging uterine prolapsed mass

Correspondence

G Raju

Department of Veterinary
Gynaecology and Obstetrics,
College of Veterinary Sciences,
Rajendranagar, Hyderabad,
India

The prolapsed mass was properly repositioned and Buhner retention suture technique was applied to the exterior. The buffalo was treated with inj. DNS @ 3 liters and Mifex (Calcium borogluconate) @ 450 ml slow i/v and Inj. Oxytocin @ 20 IU and Nexbolic @ 5 ml administered by i/m route. Inj. Enrofloxacin @ 15 ml, Antihistamine @ 10 ml and Melonex @ 15 ml were administered by i/m route. The treatment was continued for three days and Buhner suture was removed after one week.

Discussion

Prolapse of the uterus is a common complication in the third stage of labor in cow [4]. Since hypocalcemia is the most common cause of uterine prolapse [1], Calcium borogluconate therapy was given in the present study. To prevent secondary bacterial infection an injectable broad-spectrum antibiotics were administered for 3 days after replacement of prolapsed uterus [2, 3, 9]. Opined that hypocalcemia and dystocia cause's myometrial fatigue, which may predispose to uterine prolapse [6, 7]. Trauma, injury and necrosis of the prolapsed uterus might result in the exaggerated release of inflammatory mediators and toxins and may lead the animal to shock. Further, the prolapsed mass may outweigh due to delay in handling and result in rupture of mesovarium and ovarian artery leading to internal hemorrhages and finally death may result from shock [8].

Summary

A case of postpartum prolapse in a buffalo was corrected with manual pressure followed by administration of calcium therapy along with other supplemental therapy was described for the successful management of the case.

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