www.ThePharmaJournal.com

The Pharma Innovation

ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2021; SP-10(12): 93-94

www.thepharmajournal.com
Received: 22-10-2021
Accepted: 24-11-2021

Mohd Mujaheed Pasha
Post Graduate Student, Department of Veterinary Gynaecology and Obstetrics, Veterinary College, Bidar, KVAFSU, Bidar. Karnataka. India

Venkanagouda D
Assistant Professor, Department of Veterinary Gynaecology and Obstetrics, Veterinary College, Bidar, KVAFSU, Bidar. Karnataka. India

Bijurkar RG
Professor and Head, Department of Veterinary Gynaecology and Obstetrics, Veterinary College, Bidar, KVAFSU, Bidar. Karnataka. India

Malashri G
Assistant professor, Department of Veterinary Gynaecology and Obstetrics, Veterinary College, Bidar, KVAFSU, Bidar. Karnataka. India

Corresponding Author
Mohd Mujaheed Pasha
Post Graduate Student, Department of Veterinary Gynaecology and Obstetrics, Veterinary College, Bidar, KVAFSU, Bidar. Karnataka. India

Successful management of uterine prolapse in a non-descriptive goat: A case report

Mohd Mujaheed Pasha, Venkanagouda D, Bijurkar RG and Malashri G

Abstract
A multiparous, non-descriptive, 4 years old goat was presented to Department of Veterinary Clinical Complex, Veterinary College Bidar with a history of prolapsed mass hanging from the vulva. Under epidural anesthesia with 1% lignocaine the prolapsed mass was cleaned with mild potassium permaganate solution and repositioned with gentle traction. The animal was administered with calcium borogluconate, antibiotics, anti-histamines and intra-uterine antibiotics. The animal recoverd without any complications.

Keywords: uterine prolapse, non-descriptive goat, postpartum

Introduction
Postpartum uterine prolapse is an eversion of the uterus which turns inside out as it passes through the vagina. Prolapse of the uterus generally occurs immediately after or a few hours of parturition when the cervix is open and the uterus lacks tone (Hanie, 2006) [2]. It occurs in all large animal species. It is most common in the cow and ewe, less common in the doe goat (Sahadev *et al*., 2014) [7]. The prolapse is visible as a large mass protruding from the vulva, often hanging down below the animal's hock. The placenta may likely be retained during this period (Roberts, 1982) [6].
The etiology of uterine prolapse is not clear, but many contributing factors are have been associated (Jackson, 2004) [3]. These includes poor uterine tone, increased staining caused by pain, excess traction during dystocia, retention of placenta and excessive estrogen content in the feed. Recovery of case depends on type of case presented, duration of case and damage to uterus. Hence this case aims to management of uterine prolapse in small ruminants.

Case history and observation
A multiparous, non-descriptive, 4 years old goat was presented to Department of Veterinary Clinical Complex, Veterinary College Bidar with a history of prolapsed mass hanging from the vulva following normal kidding (twin male fetuses) 5 hours back. The Clinical examination revealed temperature 101.5 °F, Respiratory rate 24/minute and Heart rate 90 beats/minute. The prolapsed uterus with prominent caruncles with edema of the mass was observed.

Fig 1: Complete Eversion of Uterus in Goat

Treatment and Discussion

Epidural anesthesia with 1% lignocaine (1ml) was administered in sacrococcygeal region. The prolapsed mass was cleaned with mild potassium permaganate solution. Three 'R' concepts were used for correction. To reduce the size of the mass, first bladder was emptied by passing an AI sheath followed by application of ice-packs to reduce edema. Then the mass was repositioned gently with mild lubrication using 2% carboxy methyl cellulose gel. Further, straining tendency was less from the goat hence, it was decided not to use any sutures for retention. Immediately after reposition, i.v. calcium borogluconate 60 ml was administered to active uterus tonic again, follow up treatment involved antibiotics (Enrofloxacin 150mg i/m), anti-histamines (Chlorpheniramine maleate 30 mg, i/m)) and intra-uterine antibiotics (Lenovo AP 30 ml IU). Treatment was continued for 3 days. The animal recoverd without any complications.

Fig 2: After reposition uterus.

Fig 3: Administration of calcium borogluconate

Prolapse of the uterus normally occur during the third stage of labor at a time when the fetus has been expelled and the fetal cotyledons has separated from the maternal caruncles (Noakes *et al*., 2001) [4]. A caudal epidural anesthesia is essential before replacement of a uterine prolapse as it decreases straining and desensitizes the perineum (Hanie, 2006) [2]. The uterine prolapse can be replaced with the animal in standing or recumbent position (Hanie, 2006) [2]. Once the uterus is replaced, the operators should ensure that both tips of uterine horns should not have invagination to prevent reoccurrence of prolapse due to abdominal straining (Fubini and Ducharme, 2006) [1]. 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) [2]. To increase the uterine tone oxytocin 10 i.u intramuscularly should be given. It has also been reported that most animals with uterine prolapse are hypocalcemia (Fubini and Ducharme, 2006) [1]. Where signs of hypocalcemia are noticed such animals should therefore, be given calcium borogluconate. An injectable broad-spectrum antibiotic once administered for three to five days after replacement of the prolapsed will prevent secondary bacterial infection (Plunkett, 2000) [5].

References

1. Fubini SL, Ducharme GN. Surgical Conditions of the Post-Partum Period. Text Book of Farm Animal Surgery. 2006, 333-338.
2. Hanie EA. Prolapse of the Vaginal and Uterus. Text Book of Large Animal Clinical Procedures for Veterinary Technicians. Elsevier, Mosby, 2006, 218-221.
3. Jackson PGG. Post parturient Problems in Large Animals. Hand Book of Veterinary Obstetrics, 2nd Edition, Elsevier Saunders. 2004, 209-231.
4. Noakes ED, Parkinson TJ. Arthur's Veterinary Reproduction & Obstetrics. 8th edition. Published by Harcourt (India) Private Ltd, New Delhi 2001.
5. Plunkett SJ. Vaginal Edema (Hyperplasia) or Prolapse and Uterine Prolapse. Text Book of Emergency Procedure for the Small Animal Veterinarian, WB Saunders. 2000, 217-218.
6. Roberts SJ. Injuries and diseases of the puerperal period. In: Veterinary Obstetrics and Genital Diseases (Theriogenology). 2nd ed. CBS Publishers and Distributors, New Delhi, India. 2004, 300-335.
7. Sahadev A, Suchitra BR, Renukaradhya GJ. Management of postpartum uterine eversion in a Ewe. Intas Polivet 2014;15(2):448-449.