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## Management of total uterine prolapse in crossbred Jersey cow: A case report

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### Abstract

A two-year-old crossbred jersey cow presented in field with a complaint of continous straining and completely prolapsed uterus touching the floor. Animal was in sternal recumbancy with temperature of 38.3 °C and normal physiological function of the body was noticed during examination. The case was diagnosed as total uterine prolapse based on the clinical examination. The uterine prolapse was corrected under epidural anesthesia with Buhners vulval retention technique. Antibiotics, analgesics and antihistamines were administered to the animal and recovered completely after 10 days. This case report describes total uterine prolapse and its successful management in a primiparous crossbred jersey cow.

**Keywords:** crossbred jersey cow, continous straining, Total Uterine prolapse, Bhuners vulval retention technique

### Introduction

Uterine prolapse is common in all species, especially in pluriparous cows (Roberts, 1986). Post partum prolapse is one of the common obstetrical problems in the third stage of parturition or within several hours after parturition and it may occur several days after parturition when the cervix is open and the uterus lacks tone. Prolapse of the postgravid uterine horn is usually complete in cows and the mass of the uterus usually hangs below the hocks. Uterine prolapse is also known as eversion of the uterus or casting of wethers or casting of bed (Roberts, 1986; Sharma and Dhama, 2007) <sup>[1, 2]</sup>. Prolonged dystocia, paresis, fetal traction, fetal oversize, retained fetal membranes, hypocalcemia and chronic diseases are the major predisposing factors for the total uterine prolapse condition (Roberts, 1971; Arthur, 1989) <sup>[3, 4]</sup>. This case report presents successful management of total uterine prolapse in a primiparous crossbred jersey cow.

### Case history and Clinical observations

A two-year-old jersey crossbred was presented in field with a history of restlessness,discomfort, continous straining and hanging of prolapsed uterus for past 2 hours. Cow was in a sternal recumbency position and the prolapsed uterine mass was found to be touching the floor with an exposed vaginal wall. The prolapsed uterus was edematous, swollen, covered in solid, dust and blood clots.

### Treatment and Discussion

The animal was stabilized with intravenous fluids and restrained in sternal recumbency. Epidural anaesthesia was performed at intercoccygeal space with 2% lignocaine. The prolapsed mass was lifted upward above the level of 1-foot to release the retained urine and then washed with potassium permanganate followed by salt water and POP IN herbal spray was applied to reduce the edema and the volume of the uterine mass. This procedure was repeated three times to reduce the size of the horns. The repositioning of the prolapsed mass was done by initially pushing towards the ventral vagina and pushing back into the pelvic cavity until complete positioning of the uterine horns. Three litres of normal saline was infused into the uterus to get the normal position and the Bhuners retention suture technique was applied over both the sides of the vulval lips to hold the uterus in position. The cow was treated with Inj.Calciumborogluconate-450ml (Calboral), Inj. Enrofloxacin 1200 mg/12ml (Quintas), Inj. Meloxicam 50mg/10ml (Melonex) and Inj. Chlorphenaramine maleate 100mg/10ml (Chloril) for three consecutive days to prevent secondary complications. Calcium gel (SPEEDUP calcium gel-400gm-natural remedies) was recommended at 200gm for 2 days.

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The suture was removed after 10 days and the animal was recovered successfully. Prolapse of the uterus normally occurs during the third stage of labour at a time when the foetus has been expelled and the foetal cotyledons have separated from the maternal caruncles (Noakes *et al.*, 2001) <sup>[5]</sup>. Total uterine prolapse should be treated as early as possible otherwise, it might lead to blood loss, trauma, necrosis, lacerations of the uterine tissue and leading to infection (Jana and Ghose, 2004) <sup>[6]</sup>. Hypovolemic shock, nerve injury, endometritis, and death are common complications of total uterine prolapse. Bhattacharya *et al.*, (2012) <sup>[7]</sup> reported a 9.09 % mortality rate and 18.18% of the cows developed metritis. In delayed cases, partial contraction of the cervix may interfere with proper repositioning, resulting in the recurrence of uterine prolapse (Bhoi and Parekar, 2009) <sup>[8]</sup>.

### Conclusion

Reproductive disorders are causing major economic losses in the dairy industry. Total uterine prolapse is one of the obstetrical complications observed in pluriparous animals. Treating prolapsed cases should be done earlier to save the life and the future fertility of the animal. The total uterine prolapse in a primiparous crossbred jersy cow was treated and recovered successfully.

### Conflict of interest

Author declares no conflict of interest.

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