



ISSN (E): 2277- 7695

ISSN (P): 2349-8242

NAAS Rating: 5.23

TPI 2021; SP-10(3): 233-234

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www.thepharmajournal.com

Received: 04-01-2021

Accepted: 27-02-2021

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Clinical management of postpartum recto vaginal prolapse in Murrah buffalo: A case report

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Abstract

The present case deals with post-partum recto vaginal prolapse and its management with rope truss method in Murrah buffalo.

Keywords: Murrah buffalo, recto vaginal prolapse, rope truss method

Introduction

Prolapse of genital organs is a common reproductive problem which adversely effects overall performance of the affected animal ^[10] reported the incidence of genital prolapse as 42.9% among various obstetrical problems in buffaloes. Rectal prolapse is protrusion of one or more layers of the rectum through the anus ^[3]. The condition may be a result of prolonged tenesmus or increased intra-abdominal pressure. Although, the prolapse of various elements viz. vaginal, cervico - vaginal, uterus and rectum has been reported in buffaloes ^[4, 8, 9, 11]. But the cervico vaginal prolapse with rectal prolapse is a rare disorder. The present case describes a condition of recto vaginal prolapse in Murrah buffalo and its management.

Case history and clinical observation

A Murrah buffalo of age 6 years is reported to the Veterinary Clinical Complex, College of Veterinary Science, Rajendranagar, Hyderabad, with a problem of recto vaginal prolapse. According to the history 2 days after parturition the buffalo showed severe straining which resulted in recto vaginal prolapse (Fig. 1). Clinical examination revealed a congested, edematous, swollen prolapsed mass between the vulval lips along with prolapse of the rectal mass due to continuous straining of the animal.

Treatment and Discussion

The animal was secured in a trevis for achieving caudal epidural anesthesia by injecting 5 ml 2% lignocaine hydrochloride solution into sacro coccygeal space. The prolapsed masses are washed with potassium permanganate solution (1:1000) removing debris. The rectal mass is reduced by applying the ice.

By applying liquid paraffin which acts as lubricant, under epidural anesthesia the prolapsed mass of rectum is pushed into the anus by using fist. In the same way the vaginal mass is repositioned by using fist retained by using rope truss method (Fig. 2). The buffalo was treated with Inj. Intalite 1000 ml I/V, Inj. Calcium borogluconate 450 ml slow I/V, Inj. Intacef 3gm I/M is given for 5 days, Inj. Meloxicam 17 ml I/M, Inj. Antihistamine 10 ml I/M. The owner is advised to give laxative food for 5 days. Care full observation was done for 5 days for any further recurrence of prolapse of the masses. The Rope truss was removed after 5 days. No further reoccurrence of prolapse is noticed in the animal.

Cervico vaginal prolapse is a most common reproductive disorder in the ruminants usually in the late gestation period and can be recognized by protrusion of varying parts of vaginal wall and cervix through vulva ^[1]. Cervico vaginal prolapse is a hereditary trait due to nutritional imbalance contributing to the prevalence of vaginal prolapse ^[5]. It is considered to be major problem causing heavy economic loss to the farmers. Post-partum prolapse accounts around 22% of the total reproductive disorders in buffaloes ^[7]. The main goal of the treatment is to replace the prolapsed mass into its normal position. In present case to replace the prolapsed mass in the normal position the animal is given epidural anesthesia in order to decrease the straining of the animal and to desensitize the perineum.

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Likewise the rope truss is applied in order to exert pressure on the sides of the vulva to prevent recurrence of prolapse and simultaneous use of antibiotics helped in retention of prolapse and removal of possible infection from the prolapsed mass [2, 4, 6] also successfully managed the genital prolapse in buffaloes by using rope truss method.



Fig 1: Prolapsed recto vaginal mass



Fig 2: Retention of prolapsed mass by rope truss method

Conclusion

The present case communicates successful management of vaginal prolapse associated with rectal prolapse in Murrah buffalo by manual pressure along with calcium therapy and other supplements.

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