Post-Partum Uterine Prolapse in a Non-descript Buffalo

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Uterine prolapse is a non-hereditary complication occurring immediately after parturition and occasionally up to several hours afterwards (Roberts, 1971). Prolapse of the uterus is a common complication of the third stage of labour in the cow (Joseph *et al.*, 2001). In ruminants the prolapse is generally a complete inversion of the gravid cornua (Arthur *et al.*, 1996). It has been estimated that 0.3 % to 0.5% of all calvings terminate in a prolapse of the uterus (Luktuke and Chaudhary 1965). The present paper deals with a case of post-partum uterine prolapse along with fetal membranes in a non-descript buffalo.

Case history, Clinical observation

A ten year old non-descript buffalo in a fifth parity was presented to Diwada Colony Veterinary Center, Panchamrut Dairy, Godhara, with a history of a normal parturition. A normal female calf was born before six hours. The uterine horn was prolapsed along with the fetal membrane.

The buffalo was healthy and in a standing position. The prolapsed mass was hanging from the vulva. The rectal temperature was recorded to be 101 °F. Eye mucous membrane was congested. The placental cotyledons were attached to the maternal coruncles. Severe bleeding was noticed. The newborn was apparently healthy and trying to suckle her mother.

Clinical management

Considering a severity of the case and owner's agreement, the prolapsed mass was washed carefully with warm saline. The fetal membranes were detached manually with fingertips from the maternal coruncles avoiding bleeding. Then the uterine mass was again washed with saline and finally with 1:1000 potassium permanganate solution. Then it was replaced to its normal anatomical position. To prevent further complications, intra uterine antibiotic treatment was also done. Then the purse string suture with sterile cotton thread around anterior vagina was taken (Narasimhan *et al.*, 1975). Truss was applied to prevent

recurrence due to tenasmus. The animal was treated with antibiotic, anti-inflammatory, antihistaminic, analgesic i/m and i/v fluid therapy. The same treatment was followed for three days and vaginal suture was removed after one week. The animal became healthy with plenty of milk production and normal fertility.

Discussion

The usual sequel of uterine prolapse is haemorrhage, shock, septic metritis, peritonitis, infertility or death. Sometimes in delayed cases, partial contraction of cervix interferes with proper repositioning, resulting in recurrence of prolapse. But in this case after detaching the fetal membranes the prolapsed mass became lighter and less voluminous, so it was easy to reposite. Moreover we had applied a truss, so even in the presence of a tenasmus the recurrence had not been noticed. Uterine prolapse is predisposed to a violent tenasmus and retension of fetal membrane in this case as reported by Roberts (1971).

Summary

A complication of the retension of fetal membrane along with uterine prolapse in a post-partum nondescript she buffalo is described.

References

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