

Clinical management of Post-partum eversion of Uterus in Marathwadi Buffalo

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Prolapse or eversion of the uterus is observed most commonly in the cow and ewe, and it occurs most often immediately after parturition. (Roberts, 1971).

Case History and Observation

The four years old pleuriparous buffalo was presented to the "Teaching Veterinary Clinical Service Complex, College of Veterinary & Animal sciences, Udgir with complete eversion of uterine mass with the history of normal parturition two days before. Local veterinarian tried to reposition the prolapsed mass, but failed to do it properly & referred to Teaching Veterinary Clinical Service Complex, College of Veterinary & Animal sciences, Udgir.

On gynaeco-clinical examination the buffalo had severe tenesmus, everted uterine mass was soiled with dirt, faeces and straws. The prolapse uterine mass was inflamed, edematous, lacerated with necrosis of fetal membrane. The general parameters were recorded as rapid and weak pulse, rapid respiration, pale mucus membrane, severe depression, anorexic and restlessness.

Treatment and Discussion

The buffalo was treated as an emergency case under epidural anesthesia (lignocaine hydrochloride 2% @ 5 ml). The ice- pack was applied on prolapse mass for reduction in size. The necrosed fetal membrane, blood clots, faeces and straws were completely removed from the everted mass. The prolapsed portion washed with mild antiseptic solution (potassium permanganate) and then painted with 50 ml edible oil as lubricant for easy reposition. The prolapse uterine mass was repositioned initially by applying gentle palm pressure and Complete uterine reposition was achieved by applying arm pressure through vagina. To avoiding recurrence of prolapse, rope truss was applied. After reposition of the prolapsed mass, parental and oral therapy was given as Inj. Fortius

10 % (Enrofloxacin 100 mg/ml, Virbac, @7.5mg/kg bwt, I/M), Inj. Duvidilan (Isoxsuprine hydrochloride 5mg/ml, Solvary Pharma India Limited @ 0.5mg/kg bwt, I/M), Inj. Catasol (Butaphosphan 100mg/ml and cynocobalamine 60 mg/ml, Pfizer Ltd, 10-25 ml,? I/M) Inj. Cyclopam (Dicyclomine 10mg/ml, Indoco Remedies Ltd.) Inj. Anistamin (chlor-pheniramine maleate 10mg/ml, Intas pharmaceutical Ltd @ 0.25 – 0.5 mg/kg, bwt, I/M) with the advise of administration of bolus Involon (Natural Remedies) 2 boli orally for 3 days. The case showed excellent response to the treatment, as prolapse did not recurs after completion of treatment; rope truss was removed after completion of five days of treatment.

Arthur *et al.* (2001) reported that hypocalcaemia is common cause of uterine prolapse and which lead to loss of myometrial tone and this will predispose to uterine prolapse during the peristaltic contractions of third stage of labour. Uterine prolapse occurs mainly after parturition when intra abdominal pressure increases. The condition can be corrected with favorable prognosis if treatment is initiated at early stage to avoid much injury to organ (Noakes *et al.* 2000).

The post partum uterine prolapse may be resulted due to excessive traction on retained foetal membrane, forced fetal extraction, hypocalcaemia and extreme laxity of the perineum and vulval lips.

References

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3. Roberts S.J. (1971): *Veterinary Obstetrics and Genital Disease (Theriogenology)* 2nd Edn. CBS Publishers and Distributors, India.

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