

Management of Postpartum Uterine Eversion in a Buffalo

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Abstract

The report documents an unusually large voluminous uterine eversion and greatly distended urinary bladder in a she buffalo and its successful clinical management.

Keywords: Eversion; management; pleuriparous

Introduction

Prolapse or eversion of uterus is observed most commonly in cow and ewe and it occurs most often immediately after parturition (Roberts, 1971). Prolapse of uterus normally occurs during third stage of parturition, when fetus has been expelled and fetal cotyledons have separated from maternal caruncles (Arthur, 2001). The condition is serious and occasionally fatal reproductive disorder affecting dairy cattle and buffalo leading to great economic losses to livestock owners and being highly stressful to animal results in various complications (Pande and Pande, 2002). Prolapsed uterus is highly prone to mechanical injury or trauma and environmental contamination that may lead to laceration, haemorrhage, tissue necrosis, bacterial contamination, urinary incontinence, hypocalcemia, stress and shock (Jana and Ghosh, 2004). Precise etiology of such condition in domestic animals is not yet known.

History and Clinical Observation

A pleuriparous she buffalo aged about seven years was presented with history of complete eversion of uterine mass along with prolapsed distended urinary bladder (Fig. 1 and 2) and straining. The animal was reportedly calved normally 10-12 hours late night and fetal membranes were expelled few hours after normal

parturition. The owner noticed animal straining with everted uterine mass along with distended bladder at about 10 hours after calving. On Clinico-gynaecological examination, revealed eversion of uterine mass (exposing caruncles) along with distended urinary bladder from vulva. The vaginal wall was tensed, everted mass was edematous, swollen and soiled with mud. The animal was alert, not taking feed and water and



Fig. 1 and 2: Complete uterine eversion along with prolapsed, distended urinary bladder

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temperature, heart rate and pulse were recorded to be 98F, 20-25 and 30- 35 respectively.

Treatment and Discussion

The treatment was initiated immediately to alleviate eversion of uterus along with distended bladder. Low epidural injection of 2 % Lignocaine Hcl (Intacaine^a) at dose of 5 ml between C₁ and C₂ was given. The distended prolapsed urinary bladder was evacuated by applying careful gentle pressure after correcting the twist at neck of urinary bladder. About two litres of alum solution was applied on prolapsed mass to reduce its size. The blood clots, dung, mud, straw pieces adhered to mass were removed and washed with mild antiseptic solution (KMNO₄ @ 1:1000) and Paraffin oil was applied as lubricant for easy reposition. The well lubricated fist hand was introduced with palm pressure to push back prolapsed mass starting from cervix into pelvic cavity, body and then uterine horn. Proper repositioning of everted mass was confirmed by passing lubricated hand through the cervical canal and body and horn of uterus. To prevent recurrence, vulval retention mattress sutures were applied on deep dorsal vulval lips using cotton thread.

The post partum uterine prolapse is more common than prepartum incidence (Roberts, 1971). Precise etiologies of such condition in domestic animals are not yet known. Calcium deficiency that results in atony of genital organs predisposes for prolapse of genitalia (Arthur, 2001). Mineral imbalances play important role in prolapse. Selenium deficiency (Diminov and Dimintrov, 1988), chronic parasitic infestation, hormonal imbalances (Roberts, 1971) may also lead to vaginal prolapse (Jana and Jana, 2005). Prolapsed cervico vaginal mass varies from approximately 10 cm to over 30 cm in diameter (Sloss and Dutty, 1980). The line of treatment for occurrence of cervico vaginal prolapse was

adopted arbitrarily due to many predisposing factors responsible for the condition.

Repositioning of prolapsed part is most important to prevent trauma. Parental mineral supplementation (*i.e.* inj. Lactomag^b, inj. E-Care Se^c, inj. Urimin^d) was given with aim to correct possible mineral imbalance and I/V calcium to induce uterine tone and stop bleeding. Antibiotics were administered to prevent anticipated infection, due to exposure of organ to environment. In general, prolapsed mass usually involves greatly distended urinary bladder (Roberts, 1971) and occasionally intestinal parts following uterine repute. In present case in addition to greatly distended urinary bladder involvement of invaginated uterus through cervix limited further involvement of visceral organs. The condition can be corrected with favourable prognosis, only if prompt treatment is initiated at an early stage to avoid trauma to organ (Arthur, 2001).

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