Case Report

MANAGEMENT OF MISHANDLED CASE OF POST-PARTUM CERVICO-VAGINAL PROLAPSE IN TWO BUFFALOES

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ABSTRACT

Cervico-vaginal prolapse is a common complication in pluriparous cows and buffaloes due to relaxation of pelvic ligaments in mid to late gestation. Successful management of mishandled cases of post-partum vagino-cervical prolapse by quacks is reported in the present study.

Keywords: Cervo-vaginal, prolapse, post-partum, buffaloes, recurrence

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INTRODUCTION

Prolapse of cervix and vagina is a complication of mature ruminants which usually occur in pregnant animals but also occasionally observed in the post partum non pregnant animals (Noakes *et al.*, 2009). Prolapse of the vagina usually involves a prolapse of the floor, the lateral walls and a portion of the roof of the vagina through the vulva with the cervix and uterus moving caudally. The condition is most commonly seen in ruminants and rarely in other species (Roberts, 1982). Placental estrogen production that causes excessive relaxation of pelvic ligaments and vulva predisposes the animal to evert the mass. Hereditary predisposition is also reported in certain families (Purohit, 2012). Any delay in management and treatment of such condition may lead to oedema, ischaemia, lacerations, haemorrhages, toxaemia, and shock, making prognosis poor to hopeless (Pandey and Pandey, 2002). Hypocalcaemia, mineral imbalances, injuries or stretching of the birth passage at the first or subsequent parturition may predispose the animal to prolapse after parturition. Dystocia or forceful removal of placental membranes may contribute to occurrence of prolapse. Hormonal imbalances during ante-partum and post-partum period may also cause prolapse of genitalia (Roberts, 1971).

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CASE HISTORY AND CLINICAL OBSERVATION

Two cross bred Murrah buffaloes, one on its first parity (Case 1) and other on its second parity (case 2) were brought to the Veterinary Clinical Complex (VCC), College of Veterinary Science and Animal Husbandry, Kumarganj, Ayodhya (U.P.) with the history of both the animals calved recently, later showed continuous straining and prolapse of the vagina and cervix. Both the cases were treated by local quacks, where they failed to reposition the mass to their normal position and prevented the recurrence by suturing the vulvar lips by suture material and in second case directly inserting prolapsed mass without evacuating the bladder so that recurrence of prolapse happening again and again. But due to irregular reposition, both the animals exhibited continuous straining and brought to VCC, College of Veterinary science and Animal Husbandry, Kumarganj, Ayodhya (U.P.)

Upon clinical examination, both animals were found to be anorectic; however, all other vital parameters remained within normal limits. In Case 1, sutures had been placed on the vulva, but not along the hairline, and a purulent discharge was observed oozing from the suture site, accompanied by multiple lacerations over the vulvar region. Upon removal of the sutures, an edematous, swollen, and prolapsed mass was observed protruding from the vulva. In Case 2, the vaginal wall appeared tense, edematous, swollen, and notably thickened on clinical inspection.

Clinical management

Both the buffaloes were restrained in standing position and epidural anaesthesia 5ml (2% Lignocaine hydrochloride @ 0.2 mg/kg body weight) was administered into sacro-coccygeal space to prevent straining and defecation. Before correction the vulva and perineal region were cleaned thoroughly with soap solution. The prolapsed mass was washed thoroughly with cool water containing 2% potassium permanganate. Prolapsed mass was lifted to the level of ischial arch and urine was removed from the bladder. Applied Pop-in® spray and oint. Lignogain® gel over the prolapsed mass. Then the organ was lubricated with liquid paraffin and then gently returned to its normal position. After the insertion of prolapsed mass, bolus Steclin® 500mg containing Tetracycline Hydrochloride was powdered and rubbed over the vaginal area. To prevent the recurrence of prolapse in case 1, rope truss method was used (fig. 2) and for case 2 Buhner's suture was applied to the vulvar lips to prevent recurrence of the prolapse (fig. 4). Lacerative wound on the vulva was cleaned, dressed and Oint. Loraxene® applied topically.

The buffaloes were administered with Inj. 5% DNS (3 litre IV for 2 days), course of parenteral antibiotic XCEFT® (Ceftiofur sodium @ 2.2 mg/kg) along with anti-inflammatory drug MeloneX® (Meloxicam @ 0.5ml/kg body weight) for 5days. Inj. Calcium Borogluconate 450 ml i/v on first day, and Inj. Chlorpheniramine maleate @ 0.5 mg/kg i/m for three days. The two cases were monitored for 5 days, sutures

were removed and they had an uneventful recovery.

RESULTS AND DISCUSSION

The hormonal alterations or changes taking place at last trimester of pregnancy is believed to be primary cause for prolapse especially estrogen that causes relaxation of pelvic ligaments and surrounding soft structures (Wolfe, 2009). The condition can have a hereditary predisposition, nutritional imbalance also contributing to occurrence of vaginal prolapse (Margaux, 2011). More specifically poor quality forage, high level of concentrate, high estrogenic content feeds and hypocalcemia have all been connected with the condition (Mienser and Anderson, 2008). Vaginal contusion at parturition, followed by *Fusobacterium necrophorum* infection exerts a high degree of irritation with frequent expulsive efforts (Arthur 2001). Lack of myometrial tone and increased intra-abdominal pressure may also lead to cervico-vaginal prolapse (Kapadiya *et al*., 2015). In the reported two cases, the prolapse may be due to increased intra-abdominal pressure and improper feeding management. The cases were mishandled by the local quacks which further complicated the condition. Prompt and early corrective treatment by a veterinarian is suggested for this type of cases.

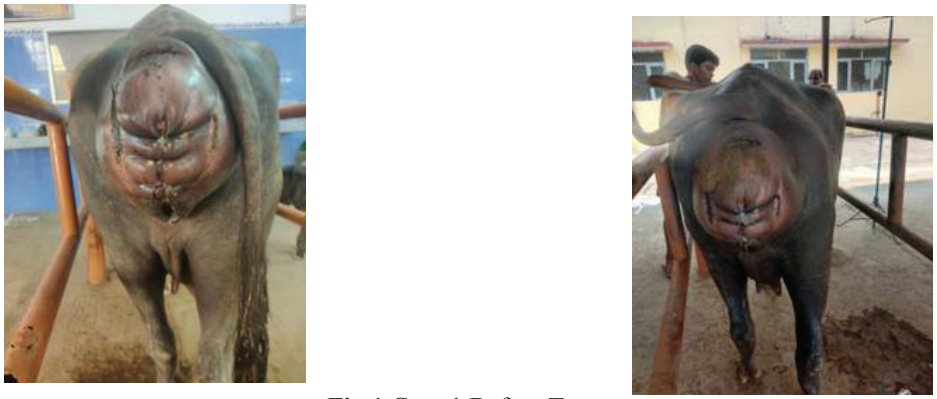

Fig.1 Case 1 Before Treatment


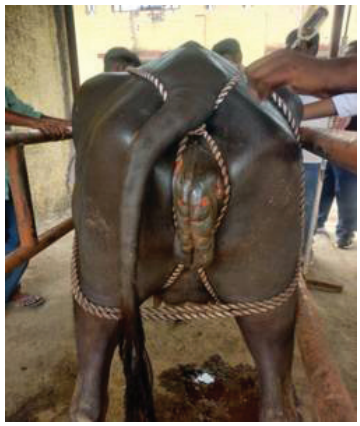

Fig.2 Case 1 After Treatment

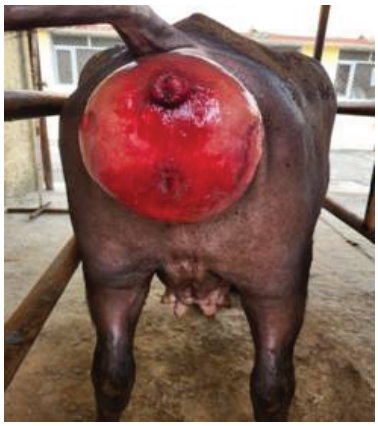


Fig.3 Case 2 Before Treatment


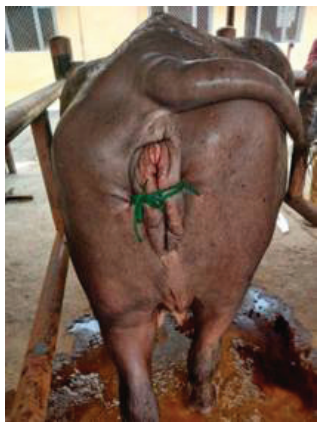

Fig.4 Case 2 After Treatment

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