

## SPONTANEOUS PROTRUSION OF INTESTINES AND URINARY BLADDER IN A BUFFALO AS SEQUELAE TO URINE RETENTION: A CASE REPORT

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### SUMMARY

The present communication deals with clinical management of a case of spontaneous protrusion of intestine and urinary bladder through a ruptured floor of vaginal wall due to urine retention in a buffalo.

**Key words:** vaginal rupture, protrusion of intestine, protrusion of urinary bladder, urine retention.

The vaginal wall in bovines may rupture due to birth of a fetus with long extremities, excessive manipulation and traction of fetus in dystocia cases and in a few cases spontaneous rupture can occur due to unknown reasons (Roberts, 1982). Extrusion of the intestine through the ruptured vaginal wall has been reported in sheep while reports in buffaloes are limited (Babu Rao and Veeraiah, 1998). The present communication reports a spontaneous rupture of vagina with protrusion of intestines and urinary bladder as sequelae to urine retention in a buffalo.

A buffalo (calved 20 days back) was brought to the Teaching Veterinary Clinical Complex with the history of protrusion of urinary bladder and intestine which occurred spontaneously on previous day. There was no history of any ante- or post-partum vaginal prolapse and the animal was severely straining. Vaginal examination revealed a ruptured vaginal floor just caudal to the cervix through which the intestine along with the urinary bladder prolapsed.

After employing epidural anesthesia, the protruded intestines and urinary bladder were thoroughly washed with  $KMNO_4$  solution and sterile NSS was poured on the intestines. These were then replaced back into the abdominal cavity after removing the urine from the urinary bladder. Subsequently the ruptured vaginal wall was repaired by continuous lockstitch suture pattern using chromic catgut no. 3 as per the procedure described by Roberts (1982). After repair the animal was administered Inj. ceftriaxone 4.5



Fig 1. Prolapse of intestine and urinary bladder in a buffalo

gm, Inj. chlorpheniramine maleate 10 ml and Inj. Polygesic (nimesulide, pitofenone HCl, fempiverinium bromide) 30 ml intramuscularly. The animal was also administered calcium boro-gluconate 450 ml i/v along with vitamin B complex preparation in recommended doses. The vagina was smeared with xylocaine jelly and soframycin ointment. The treatment was advised for five days continuously and the animal was discharged on the same day. The animal successfully recovered by day 7 following the treatment.

In the present case, the retention of fetal

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membranes might have been responsible for excessive abdominal contractions resulting in tear in vaginal wall as also previously reported (Noakes *et al.*, 2001). There was history of severe straining in this case but there was absence of any abnormal vaginal discharge. The spontaneous rupture of the vaginal wall and extrusion of intestines and uterus might have been due to strong abdominal contractions on a weak traumatized vaginal wall which might have been torn by the bony prominences of the fetus or dam (Roberts, 1982; Dhaliwal *et al.*, 1991). Veeraiah and Srinivas (2010) also reported spontaneous extrusion of the intestines and uterus as sequel to vaginal prolapse in a buffalo heifer.

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