

CLINICAL MANAGEMENT OF POST PARTUM UTERINE PROLAPSE IN DOE: A CASE REPORT

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SUMMARY

A case of uterine prolapse in a 10 months old doe is reported. The prolapsed uterine mass was assessed under epidural anesthesia. Following epidural anaesthesia the uterus was cleaned with potassium permanganate solution and 2% Lignocine gel and soframycin (Framycetin Sulphate 1%) cream was applied on the mass. Retention sutures (horizontal mattress) were applied after replacement. Oxytocin, antihistaminic and broad-spectrum antibiotic (ceftriaxone) were administered intramuscularly in recommended doses. The aim of the study was to highlight the management of uterine prolapse in small ruminants.

Key words: Doe, post partum, uterine prolapse

Post partum uterine prolapse has most commonly been observed in the cow, ewe and less commonly in the doe and rarely in the mare (Roberts, 1986). Generally, uterine prolapse occurs immediately after few hours of parturition when cervix is relaxed and uterus lacks tonicity (Hanie, 2006). Normally it occurs during the third stage of parturition when the fetus has already been expelled and the fetal cotyledons have separated from the maternal caruncles (Noakes *et al.*, 2001). It rarely occurs 24 h after the parturition due to the partial closure of the cervix (Fubini and Ducharme, 2006). The exact etiology of this condition is not fully known, however, certain predisposing factors such as severe straining, low calcium level have been reported to be responsible for the uterine prolapse (Jackson, 2004; Hanie, 2006). This is considered as an emergency condition which requires prompt attention and immediate treatment and the success of treatment depends upon duration of the case, contamination and the degree of tissue damage.

A 10 months old non-descript doe with post-partum uterine prolapse was brought to the Teaching Veterinary Clinical Complex of this university. Owner reported that the doe delivered a live kid on previous day (about 14 h ago) and few hours after kidding the goat started straining and subsequently about 6 h ago uterine prolapse occurred. Clinical examination revealed a hanging uterine mass with anorexia, dullness, depression and pale mucus membranes. Body temperature was normal (102.5°F). Fetal membranes were already detached from prolapsed uterus. The placenta was expelled spontaneously.

After employing epidural anaesthesia, prolapsed mass was wrapped (Fig. 1) by clean cloth and washed gently with hypertonic cold saline solution and subsequently with 1% potassium permanganate solution. It resulted in reduction in the size of mass. After that the urine was removed from the bladder with the help of a catheter. Lignocine gel (2%) and soframycin (Framycetin Sulphate 1%) cream were then applied and the mass was replaced by pushing the part near the vulva with palm of both hands after raising the hind quarters of the doe. After replacement, retention suture (horizontal mattress) was applied (Fig. 2). The goat was treated with inj. ceftriaxone (200 mg, i.m.), inj. chlorpheniramine maleate (30 mg, i.m.), inj. Meloxicam (10 mg, i.m.), inj. calcium borogluconate (50 ml, slow i.v.), inj. oxytocin (10 IU, i.v.), and inj. DNS (400 ml, i.v.) and the treatment continued for five days.



Fig 1. Doe suffering from postpartum uterine prolapse



Fig 2. Goat after replacement of prolapsed mass

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The retention sutures were removed after 4 days and the animal recovered. Wachida and Kisani (2011) in Nigeria and Singh *et al.* (2011) in India also reported uterine prolapse in goat with successful recovery after reduction, reposition and retention principle of treatment.

Prolapse of uterus has been reported to occur due to poor body condition, lack of uterine tone, retention of placenta and irritation in the birth canal during parturition (Jackson, 2004; Hanie, 2006). In the present case perhaps the poor body condition, pregnancy at very young age and poor uterine tone might be the possible factors responsible for the prolapse. The prolapsed mass should be properly replaced otherwise it may incite abdominal straining and prolapse may reoccur (Fubini and Ducharme, 2006) and if the uterine horns are completely and properly replaced the prolapse is unlikely to reoccur (Hanie, 2006). After replacement once the uterus is in its normal position, oxytocin should be administered which increases the uterine tone. It has also been reported that most the animals suffering with uterine prolapse are hypocalcaemic (Fubini and Ducharme, 2006), therefore, calcium borogluconate should be administered in recommended doses. To prevent secondary infections broad spectrum

antibiotic should be administered for three to five days (Hosie, 1993; Plunkett, 2000; Borobia, 2006).

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