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RESEARCH ARTICLE

SUCCESSFUL CLINICAL MANAGEMENT OF TOTAL UTERINE PROLAPSE IN A NON DESCRIPTIVE GOAT – A CASE REPORT

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ABSTRACT

A case of postparturient total uterine prolapse in a goat was presented for treatment. After seven hours of normal kidding (one live male kid) the uterine mass was protruded out in eversion and hanging down from vulva towards hock. The everted mass was carefully examined and cleaned with antiseptic solution. The prolapsed mass replaced manually after epidural anesthesia and perivulvar retention suture was applied to prevent recurrence. The animal was recovered uneventfully.

INTRODUCTION

Prolapse of uterus is a common complication of third stage of labour in ruminant species but comparatively less common in caprines and rare in mare (Noakes *et al.,* 2009; Wachida and Kisani, 2011). Within few minutes to few hours of delivery of new born the postpartum uterine prolapse may occur in which uterus is everted out and found hanging down from vulva to hock (Hanie, 2006). Endocrine imbalance, poor nutrition, poor reproductive health, closed confinement, dystocia, retained placenta are some associated factors of postparturient uterine prolapsed (Roberts, 2004; Noakes *et al.,* 2009). Hence, the present case deals with management of prolapse of uterus soon after parturition in a non-descriptive goat.

Case History and Observations

A non-descriptive goat 2 years of age was presented with complaint of prolapse of uterus. It delivered one live male kid at full term of gestation 7 hours before. But animal was continuously straining and exhibited eversion of uterus since last 4 hours. On examination, the prolapsed mass was soiled, inflamed, congested, edematous and fetal membranes intact. The goat was apparently healthy and in standing position. Prolapsed mass was hanging out of vulva upto the level of hock (Fig.1). Rectal temperature was recorded as 103° F and other physiological parameters were within normal limits. The case was diagnosed as postparturient total uterine prolapse.

Treatment and Discussion

The caudal epidural anaesthesia was given using 2 ml of 2 per cent lignocaine hydrochloride at inter sacro-coccygeal space (Noakes *et al.,* 2009). The prolapsed mass was washed with 2 per cent potassium permanganate solution. The everted mass was elevated to level of vulva to relieve urine. The fetal membranes were separated manually from uterine endometrium. The uterus was massaged, rolled between hands and ice packs were applied to reduce edema. Pop-in spray was applied over the whole prolapsed organ and was waiting for 10 minutes till it reduced to a reasonable size. Hind quarters of animal elevated to create gravity in abdomen to anterior side so that pressure of visceral organs are reduced in pelvic cavity and facilitated for easy replacement of prolapsed mass. Prolapsed mass was pushed inside vagina by applying pressure with both palms alternatively from each side of vulva. With the help of fingers, uterus with uterine horns was replaced in their normal anatomical position after lubrication using obstetrical gel (Fig. 2).

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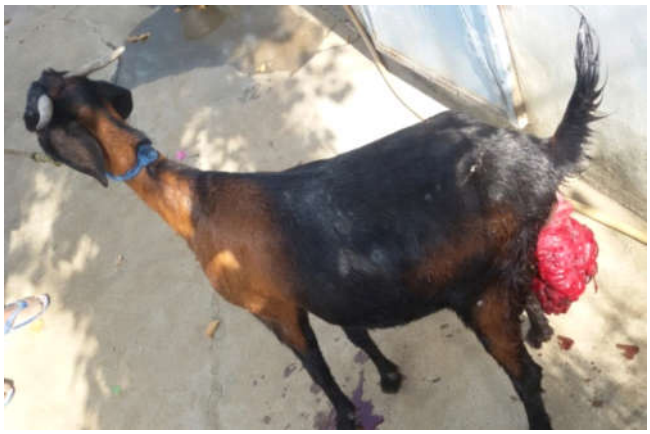

Fig. 1. Prolapsed uterine mass with maternal caruncles

Fig. 2. After replacement of prolapsed uterus

Calcium borogluconate (150 ml) was administered intravenously immediately after the reduction of prolapsed mass. To avoid further prolapse, vulval retention suture was applied as recommended by Singh *et al.,* (2011). Antiseptic dressing was advised for 3 days.

Further, the animal was treated with 3 ml of Enrofloxacin, 3 ml of Meloxicam, 2 ml of anti-histaminic drug and 2 ml of vitamin B complex for 3 days. Laxative diet was recommended for 5 days. The stay suture from vulval lips was removed after 5 days. The animal was recovered uneventfully. The occurrence of uterine eversion on goat has previously been reported by Selvaraju *et al.,* (2010) and Singh *et al.,* (2011). Early and prompt attempt of the case may help to save life of dam as reported in this case. Further, uterine prolapsed is an emergency case, which needs immediate treatment otherwise interference in blood supply to prolapsed tissue may result in edema and cyanosis, which may eventfully lead to uterine gangerene. Any delay in treatment of uterine prolapse may cause death due to shock.

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