



A Monthly e Magazine
ISSN:2583-2212

Sept, 2023; 3(09), 2420-2422

Popular Article

Uterine Prolapse in buffalo: A Treatment and Management

Hema Deepthi P¹ And Phani Kumar L²

¹Assistant Professor, Department of Veterinary Gynaecology and Obstetrics, SOVAS, CUTM

²Veterinary Assistant Surgeon, Achanta, West Godavari, Andhra Pradesh

<https://doi.org/10.5281/zenodo.8383667>

Introduction

Uterine prolapse is a condition observed in nearly all species, but it is most frequently encountered in pluriparous dairy cattle and buffaloes. Several factors have been implicated as contributing causes, including invagination of the uterine tip, excessive traction during difficult births or when dealing with retained fetal membranes, uterine atony, hypocalcemia, and lack of physical activity. Complications tend to arise when there is laceration, tissue necrosis, or infection. Furthermore, delayed treatment can lead to serious consequences. Shock, hemorrhage, and thromboembolism are potential complications that may arise if a uterine prolapse is left unattended for an extended period. In some cases, the stretching of the uterine artery due to the weight of the prolapsed uterus can lead to uterine artery rupture, resulting in sudden death. It is essential to recognize that uterine prolapse is a genuine emergency, and immediate treatment is imperative to safeguard the life and future reproductive potential of the affected animal.

Case history and physical examination

An eight-year-old graded murrah buffalo from kodada village, tondangi district was presented to the mobile ambulatory veterinary clinic, tuni on January 10, 2022 with a history of uterine prolapse through the vulva since 5 hours after parturition. The buffalo had given birth to female calf. The prolapsed mass was soiled, inflamed and edematous (Figure 1). On physical examination, the cow was weak, recumbent, with hind quarters lower than forequarters, excessive traction, and the uterus prolapsed from the vulva with the attached placenta. The mucous membranes were pale, the respiratory rate was 18 beats per minute, and the pulse rate was 90 beats per minute, while the temperature was 39.5 degrees Celsius.



Figure 1: Uterine Prolapse

Diagnosis

Tentative diagnosis: Uterine prolapse

Differential diagnosis

Uterine prolapse needs to be differentiated from vaginal prolapse and rectal prolapse. Vaginal prolapse occurs before parturition and rectum prolapse through anus.

Treatment and Management

A buffalo was administered 7 ml of 2% lignocaine hydrochloride through the first intercoccygeal space to prevent straining and pelvic sensation, which would facilitate further manipulation of the vaginal area. The still-attached placenta was carefully separated, with utmost care taken to avoid damaging the maternal caruncles and causing bleeding. After allowing 4-5 minutes for the anesthesia to take effect, the prolapsed part was thoroughly cleaned with water to remove any soil, dust, or dirt adhering to the mass. Superficial necrotic tissues were gently trimmed, and the mass was washed with a potassium permanganate lotion. Since the buffalo was in a recumbent position, the prolapsed mass was lifted by hands, which were gloved and lubricated, to the level of the vagina. Powdered sugar was applied generously on the prolapsed mass to reduce the oedema. After the reduction prolapsed was then gently pushed into the vagina with moderate force. Initially, the cervical portion closer to the vagina was pushed while an attendant lifted the uterus. Alternatively, the ventral and dorsal portions of the prolapsed organ were repositioned into the pelvic cavity. Finally, the terminal part of the pole was guided through the vagina and cervix into the uterine cavity. Upon examination, no mass was found posterior to the cervical ring, indicating the successful replacement of the everted organs. The animal displayed relief, indicating a successful procedure. To prevent a recurrence of prolapse due to tenesmus, Buhner's suture was applied (Figure 2). Supportive therapy was administered, including Enrofloxacin at a dose of 5 mg/kg body weight intramuscularly, Flunimeg at a dose of 1.1-2.2 mg/kg body weight intramuscularly, 1.5 liters of DNS (Dextrose Normal Saline) intravenously, and 450 ml of calcium borogluconate intravenously on the first day. Enrofloxacin and flunimeg were continued for an additional 3 days. The suture was removed after 14 days, and the cow



recovered without any complications. The farmer received advice to elevate the hindquarters of the cow to minimize discomfort and ensure the animal's well-being.



Figure 2: After application of Buhner's suture

Conclusion

Uterine prolapse can occur during the periparturient period, and it is crucial to manage these cases promptly for a better prognosis. Diagnosis and treatment are of utmost importance in such situations. This study suggests that using epidural anesthesia in large ruminants like buffaloes can be an effective method for successfully repositioning an everted uterus. Additionally, this technique has the added benefit of reducing edema by alleviating passive venous congestion. Furthermore, the Buhner suturing technique is found to be more suitable for large ruminants, as it allows for easier re-examination when necessary. Delayed correction of uterine prolapse can lead to severe complications, including edema, fibrosis, necrosis, and septicemia. This case report highlights a positive outcome in the treatment of uterine prolapse in a buffalo with a favorable prognosis. The fact that the farmer sought veterinary assistance within five hours of the prolapse occurring underscores the importance of early intervention. This timely response can save the buffalo from a life-threatening situation, emphasizing the need for both farmers and veterinarians to be vigilant in managing such conditions promptly.

