Case report

Clinical Management of Postpartum Cervico-Vaginal Prolapse In Graded Murrah Buffalo: A Case Report

ABSTRACT

The present case report describes the postpartum cervico-vaginal prolapse and its clinical management in a graded Murrah buffalo with the history of parturition a day ago, presented to the Veterinary Clinical Complex, C. V. Sc., Korutla. The prolapsed mass was having lacerations, mild straining and bleeding. After thorough cleaning and reduction of edema, the prolapsed mass was properly repositioned. A rope truss was applied to prevent reoccurrence of prolapse. The animal showed a good response to manual correction and no complications were observed. Early identification and intime veterinary intervention may help in effective management of postpartum cervico-vaginal prolapse in a buffalo.

Keywords: Graded murrah buffalo, Post partum, Cervico-vaginal prolapse, Rope truss method.

1. INTRODUCTION

Buffaloes are very important in the Indianin Indian dairy industry as they contribute 44.81% of total milk production [1]. Various health and reproductive issues will show a directshow direct effect on its milk yield. Prolapse of genitalia is one of the major maternal reproductive problemsproblem commonly seen in advanced gestation or postpartum conditions [2]. In cervico-vaginal condition cervix and vagina protrudes out of the vulvar lips. Showing the rede, throwing the rede, throwing the rose, bearing the trouble and pushing out the button are some other names known [3].

Higher estrogen levels in the thirdin third trimester will increaseincreases relaxation of pelvic structures and decreased levels of calcium may result in reduced tonocity of vaginal and uterine muscles which predisposes the vaginal prolapse in animals [4]. Early finding and proper treatment are requirements in cervico-vaginal prolapse in buffaloes to save its health and breeding life [5]. The present case report describes the condition of cervico-vaginal prolapse in Murrah buffalo and its management.

2. CASE PRESENTATION

A 3 years old graded Murrah buffalo was presented to Veterinary Clinical Complex, C.V.Sc, Korutla with the history of cervico-vaginal prolapse 6 hours after the normal calving (fig.1). Initial attempts to replace the prolapse mass werewas performed by owners at the farm level. Feed and water intake were reduced with ceased urination. Animal was restless with a rectalwith rectal temperature of 101.3^{o}F and pale conjunctival mucous membrane. On clinical observation edematous, swollen prolapsed mass noticed in between vulvar lips with severe straining.

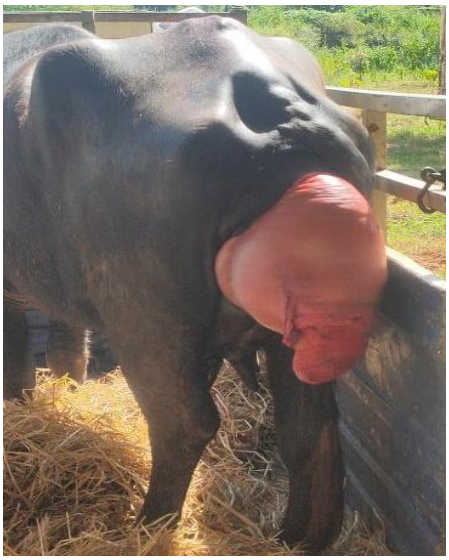

Fig 2. Lifting the prolapsed mass and relieving the retained urine

2.1 Treatment

Animal was secured in trevis for proper restraining. Fresh cool water was used to clean and remove dung, blood clots and soiled material from the prolapsed mass followed by potassium permanganate solution (1:1000) to prevent further infection. Injection Texableed 8ml (Tranexamic Acid 800mg) I/M was given intramuscularly and epidural anaesthesia was performed by injecting 5ml of 2% lignocaine hydrochloride solution into the sacrococcygeal space. Both topical sugar application and popin spray used to reduce the edema.
Prolapsed mass was lifted in upward direction to remove retained urine (fig.2). By lubricating enough with liquid paraffin, the prolapsed mass slowly pushed into the pelvic cavity by using fist. Uterine horns, body, cervix and vagina were repositioned into their correct positions as explained by Kumbhar et al. 2009 [6] and retained by rope truss (fig.3,4). The animal was treated with Inj. D25 1000 ml (25% dextrose) I/V, Inj. RL 1000 ml I/V, Inj. Melonex 12 ml (Meloxicam 60mg) I/M, Inj. Moxel 3gm (Amoxicillin: 2 gm & Cloxacillin: 1 gm) I/M, Inj. Dexona 5 ml (Dexamethasone sodium: 22mg) I/M, Inj. Zeet 10 ml (Chlorpheniramine maleate: 100mg) I/M.

3. DISCUSSION

Cervico-vaginal prolapse is a common reproductive disorder in the late gestation and post-partum ruminants and can be noticed by protrusion and eversion of vaginal wall and cervix through vulva [7]. There are many factors which leads to the genital prolapse through vulva. The primary cause of prolapse is thought to be the hormonal changes seen in last trimester and parturition, particularly estrogen, which makes relaxation of the pelvic ligaments and surrounding soft tissue structures [8]. Serum macro-mineral deficiency mainly calcium and phosphorus are also considered as predisposing cause of vaginal prolapse [9]. Avoiding higher intra-abdominal pressure including tympany, excessive estrogen content in the feed will decrease~~s~~ the occurrence of vaginal prolapse to greater extent [10].
Genital prolapses are considered as obstetrical emergencies which require early intervention [11]. Delay in treatment leads~~lead~~ to dystocia in prepartum conditions [12]. After manual reduction, rope truss method showed effective reoccurrence prevention [13]. Postoperative treatment for cervicovaginal prolapse can be done by allopathy (antibiotics, non-steroidal anti-inflammatory drugs), homoeopathic formulation (prolapse cure) or in their combination [14].

Comment [1]: Demerits of Topical Sugar Solution on Prolapsed Mass:
Delayed Healing: While sugar can reduce swelling, it doesn't directly promote tissue repair or healing. Relying solely on it may delay appropriate medical or surgical interventions.
Risk of Infection: Sugar creates a moist environment that could potentially promote bacterial growth if not properly cleaned or used in combination with sterile techniques, leading to infections.
Tissue Damage: If applied for too long or improperly, the osmotic effect might lead to dehydration of tissues, which can cause further damage, especially to delicate or sensitive tissues in the prolapsed mass.

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Fig. 3. Rope truss applied – Lateral view.

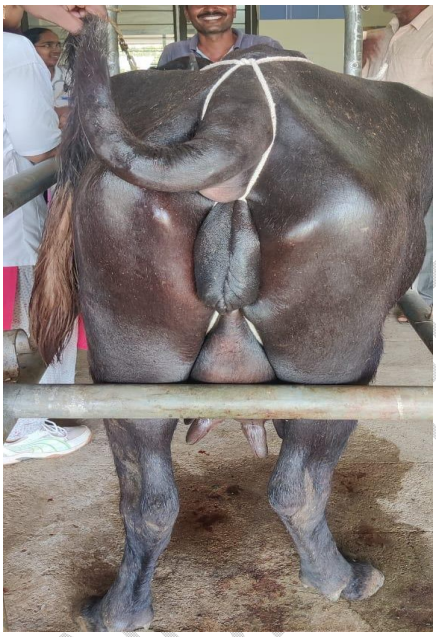

Fig. 4. Rope truss applied – rare view.

3. CONCLUSION

Animals with cervico-vaginal prolapse when immediately corrected and properly treated may conceive successfully and deliver live calf in future.

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