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Case Report: Management of Post-partum Uterine Prolapse in a Multiparous Balami Ewe

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ABSTRACT

Uterine prolapse occurs in all large animal species. It adversely affects productive and reproductive performance of livestock by affecting postpartum return to estrus, conception rate and lambing or calving interval. In this case report, post-partum uterine prolapse was encountered on a Balami ewe and careful assessment was carried out. The aetiology of this case can be attributed to increased straining caused by pain during lambing as evident on the ewe shivering and could not stand, probably due to exhaustion. The replacement of the everted or prolapsed uterine mass was conducted manually following proper precautionary measures and retention sutures were placed. Following the management instilled, the ewe recovered completely without any apparent complication.

1. INTRODUCTION

Post-partum prolapse of uterus through vulva is an obstetrical non-hereditary complication of third stage of labour, commonly observed in the cattle, buffalo and ewes, occasionally in sows and rare in bitches, queens and mares (Bhoi and Parekar, 2009; Kapadiya et al., 2015). In ruminants the uterine prolapse is generally a complete inversion of the gravid cornua with incidence 0.3 to 0.5 % of all calvings in bovine species (Arthur et al., 2001). It normally occurs during the third stage of labour at a time when the fetus has been expelled and the fetal cotyledons have separated from the maternal caruncles (Noakes et al., 2001). In most cases, it occurs immediately after parturition or occasionally up to several hours afterward when the cervix is still open and the uterus lacks tone (Hanie, 2006). Rarely, it may occur 48 to 72 hours after parturition (Roberts, 1971; Noakes et al., 2001) and most likely be complicated by partial closure of the cervix, making replacement difficult or even impossible (Fubini and Ducharme, 2006). The present communication deals with a case of post-partum uterine prolapse in a multiparous Balami ewe.

2. CASE HISTORY AND CLINICAL EXAMINATION

A 5-year-old Balami ewe weighing 48 kg was reported to have lambed overnight with a uterine mass protruded and everted. The ewe delivered a single male lamb weighing up to 3.5 kg weight at birth. History revealed that it had lambed several times but never experienced such a case. On close examination, the ewe was having laboured breathing but with normal rectal temperature and pulse rate. The prolapsed uterus was soiled with faeces and dirt, and oedematous. The ewe was having slightly congested ocular mucous membrane and unwilling to stand (staggering) even when assisted, with shivering of the body.

3. TREATMENT

Success of treatment of uterine prolapse depends on the type of case, the duration of the case, the degree of damage and contamination. The goal in the treatment of genital prolapse is replacement of the organ followed by a method to keep it in the retained

position (Fahid, 2014). A case of uterine prolapse was described by Senthil and Yasotha (2015). Debris and faecal materials were gently removed and the prolapsed uterus was washed with warm dilute chlorhexidine solution. The uterine mass was sprinkled with sugar granules, about 200 g and waited for 5 minutes to reduce the edema and again washed with the same chlorhexidine solution. The animal was then placed on sternal recumbency and the two hind limbs were pulled out behind her. Then using both hands with moderate force, the prolapsed uterus was gently pushed in through the vagina. The body of the uterus was first pushed in followed by the horns. Retention sutures with sterile nylon thread was placed in the vulva as a retention technique to hold the uterus in place within the abdominal cavity.

The animal was administered with Enrofloxacin (5 mg/kg body weight i.m ×3/7) and Multivitamin (Envit®) containing Calcium glycerophosphate (10 mls i.m ×3/7) to improve appetite and also supply it with calcium to prevent hypocalcemia. On the 4th day, sutures were removed following assessment of the genital area and no complication was observed. This was followed with Oxytetracycline L.A administered at 20 mg/kg body weight i.m once.

4. DISCUSSION

Prolapse of genitallia is one of the major problems causing heavy economic losses to livestock owners through negative influence on the productive and reproductive performance of the dams (Khan et al., 1984; El-Wishy, (2007). The etiology of uterine prolapse is unknown, but many factors have been associated (Jackson, 2004). These include conditions such as lack of uterine tone, increased straining caused by pain, excessive traction at assisted parturition, the weight of retained fetal membranes, conditions that increased intra-abdominal pressure including tympany and excessive estrogen content in the feed. Moreover, it was earlier indicated that calcium deficiency (hypocalcaemia) in late geststion and at lambing time may lead to uterine prolapse in ewes (Fahid, 2014). The aetiology of this case can be attributed to increased straining caused by pain during lambing as evident on the ewe shivering and could not stand probably due to exhaustion.

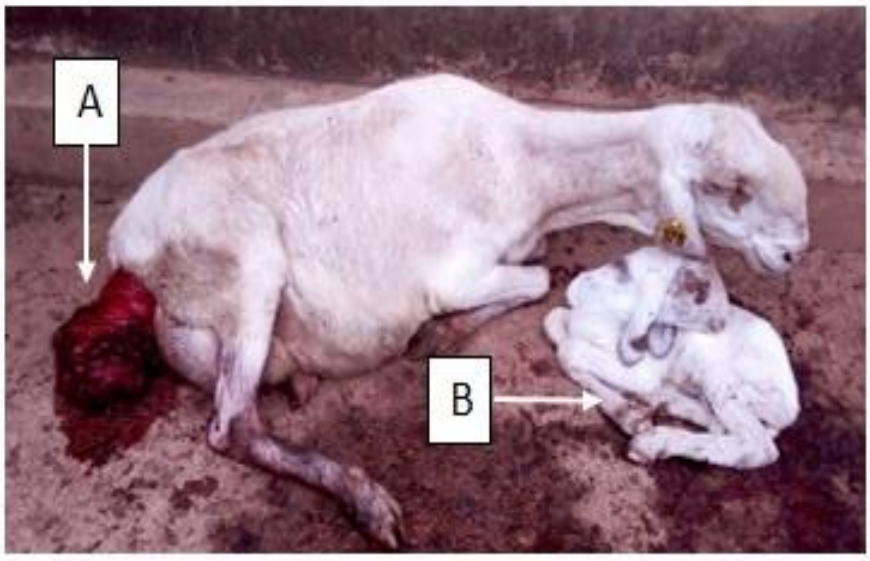

Plate I: (A) Prolapsed uterine mass (B) the neonate (ram-lamb)

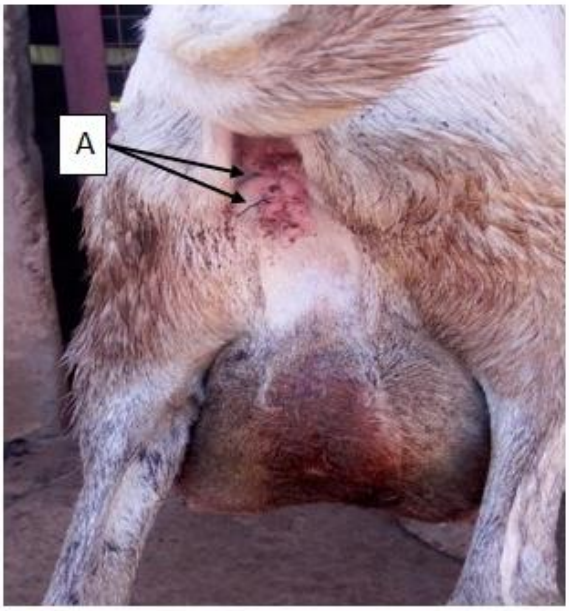

Plate II: (A) Retention sutures after replacement of the prolapsed uterus.

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