A Case Report on Pre-partum Cervico-vaginal Prolapse in a Graded Murrah Buffalo

K.Sunny Praveen1* and B. ChandraPrasad2
Dept of Veterinary Gynaecology & Obstetrics, CVSc, Korutla, Telangana State INDIA

1Assisstant professor, Dept of Veterinary Gynaecology & Obstetrics, CVSc, Korutla, T.S
2Scientist, Buffalo Research station, Tadepalligudem, A.P

*Corresponding author: sunnykurati@gmail.com; sunnyprvn0@gmail.com

Rec. Date: May 26, 2015 23:24
Accept Date: Jun 22, 2015 00:51
Published Online: June 24, 2015
DOI 10.5455/ijlr.20150622125120

Abstract
A pregnant heifer graded Murrah buffalo in its full term was presented with cervico-vaginal prolapse. Severe lacerations were noticed on the presenting mass. The exposed mucous membranes and the vulva became very edematous. These factors prevent the return of prolapsed mass. Caesarean section was performed at left lower flank under local infiltration anesthesia as per the standard procedure and a male live calf was delivered by gentle traction. The lacerated areas on the prolapsed mass were sutured with chromic catgut (No.3), and then the mass was reduced and replaced into its normal position. The animal was treated with antibiotic and anti-inflammatory drugs as per recommended dose. After treatment the animal was recovered uneventfully.

Key words: Graded Murrah buffalo, Pre- partum, Cervico- vaginal prolapse, Caesarean section

Introduction
Prolapse of cervix and vagina (CVP) is a disorder of ruminants, normally in late gestation and rarely does it occur unconnected with pregnancy or parturition. It can be recognized by the protrusion of varying parts of the vaginal wall and sometimes the cervix through the vulva so that the vaginal mucosa is exposed (Noakes et al., 2009). Woodward & Queensberry (1956) recorded 1.1% of vaginal prolapses in 7859 pregnancies in Hereford cattle in the USA. Sha and Nakao(2003) reported around 65% of Nepali buffaloes expressed vaginal prolapse at the last trimester. High estrogen content present in maize and barley resulting in high incidence rates of cervico-vaginal prolapse (Bennetts 1944). Mechanical factors such as the increasing intra-abdominal pressure of late gestation and gravity acting through the sloping byre floor when animals were tethered were considered to be significant in causing this condition (McLean & Claxton 1960). Caesarean operation is one of the most common surgical procedures performed by veterinarians and is considered as a routine obstetrical technique because of its high maternal and fetal survival rates (Parkinson 1974; Cattel & Dobson 1990). Pradeep B K (2009) opined that in the
flank laparotomy, the incision may be extended easily if necessary and the risk of wound dehiscence or herniation is less when compared to mid ventral abdominal incisions.

**Case History and Observation**

A pregnant heifer graded Murrah buffalo in its late gestation was presented with the history of cervico-vaginal prolapse with severe lacerations on the presenting mass (Fig 1 & 2). Animal did not take feed and water and did not micturate normally. The buffalo had a body temperature of 101°F and congested conjunctival mucous membranes. The appearance of the animal was dull, depressed, without normal ruminations and with severe straining was noticed. On gynaeco-clinical observation, the prolapsed mass was dry, stained with dung, congested, inflammed, edematous and lacerated.

**Treatment and Discussion**

Initially the animal was restrained in sternal recumbency with her hind legs pulled out behind her. To minimize the straining, epidural anesthesia was administered in sacrococcygeal space with 2% lignocaine HCL solution. The necrosed tissue, dung were completely removed from the mass with mild antiseptic (1:1000 potassium permanganate) solution and urine was drained by raising the prolapsed mass above the ischial arch. Lacerations on the surface of the prolapsed mass were sutured with chromic catgut (No.3). The animal was again restrained in right lateral recumbency and anaesthetized the flank with 2% lignocaine HCL solution by inverted-L-block manner. A wide surgical field was prepared such that the entire flank was clipped from below the transverse processes dorsally, to just above the milk vein ventrally and from the last rib to the hind leg, level with the tuber coxae. The skin was prepared using a surgical scrub (7.5% povidone-iodine solution) followed by surgical spirit and surgical drapes were applied on the operation site. Caesarean section was performed at left lower flank as per the procedure explained by Noakes et al.,(2009). A male life calf was delivered by gentle traction through the incision made on the uterus. The edges of the uterine incision were inspected for haemorrhage and the incision was closed with Lamberts followed by Cushing pattern by using polyglactin 910. Then the uterus is returned to its correct location within the abdomen ensuring that there is no torsion of genital tract.

Before the closure of the laparotomy incision, AC Vet max, 4 gm (Ampicillin 2 gm+cloxacillin 2 gm) was instilled into the abdomen so as to minimize the risk of peritoneal infection. Abdominal and skin incisions were closed in routine manner. After completion of the operation, the prolapsed mass was reduced and replaced into its normal position as per procedure explained by Roberts et al. (1971) and Kumbhar et al. (2009).
Post-operative care included 0.5% dextrose (2000 ml) i/v, Inj. Calcium borogluconate (200 ml) i/v, Ampicillin 2gm+cloxacillin 2 gm (Ac vet max-4 gm) i/m BID for the first 3 days and SID for the next 2 days, Inj. Chlorphenaramine maleate 0.4 to 0.5 mg / kg bw, once daily for 5 days, IM, Inj. Melonex 0.5 mg/ kg b.wt, i/m SID for 3 days with advise of oral administration of cyclomin-7 (4 boluses) once in two days. The animal showed excellent response to the treatment and was recovered uneventfully.

Conclusion

It was concluded that the steps included in treatment and proper management of cervico vaginal prolapse should be undertaken swiftly but only after instigating the appropriate hygienic measures.

References

1. Bennetts HW 1944 J Agri West Aust 21:104