SUCCESSFUL MANAGEMENT OF POST-PARTUM EVERSION OF UTERUS IN A MURRAH BUFFALO

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ABSTRACT

A six year old pleuriparous buffalo in the University Livestock Farm and Fodder Research Development Scheme (ULF & FRDS), Mannuthy was reported with the history of normal parturition and complete eversion of uterine mass four hours later. The everted uterine mass was oedematous with retained foetal membranes and dirted with faeces. The animal was treated as an emergency case and the everted mass was repositioned under epidural anesthesia (Lignocaine hydrochloride 2% @ 5 mL). Supportive and antibiotic therapy were given and the case showed excellent response to the treatment.

Keywords: Uterine eversion, epidural anaesthesia, Murrah buffalo

INTRODUCTION

Prolapse or eversion of the uterus is also known as casting of the "wethers" or casting of the "calf bed". It is observed mainly in cows and ewes, and less frequently in sows. It is rare in mares, bitches, queens, and rabbits. Eversion of the uterus mainly occurs immediately or few hours after parturition. Occasionally it may occur 48 to 72 hours after parturition (Roberts, 1971). Uterine prolapse is predisposed by several factors like invagination of the tip of the uterus, long mesometrial attachments, uterine atony, hypocalcaemia, lack of exercise and excessive traction to relieve dystocia or retained fetal membranes. The animal with everted uterus may be either recumbent or standing with the uterus hanging to the hocks, exposing fetal or mucous membranes of the uterus. If the condition existed for longer (greater than 4-6 hours) periods the uterus may appear oedematous and usually covered with dirt, feces or blood clots. The prognosis can be favorable if treatment is commenced at early stage to avoid much damage to organ (Noakes *et al.,* 2009).

CASE HISTORY AND OBSERVATION

A six years old pleuriparous Murrah buffalo in University Livestock Farm and Fodder Research Development Scheme (ULF & FRDS), Mannuthy was reported with the history of normal parturition and complete eversion of uterine mass four hours later. On gynaeco-clinical examination, it was found that the buffalo had severe tenesmus; everted uterine mass appeared edematous with retained foetal

membranes and stained with fecal materials, dust and debris. Clinical examination revealed rapid weak pulse and rapid respiration. The animal was showing signs of discomfort.

TREATMENT AND DISCUSSIONS

The buffalo was treated as an emergency case. Everted uterus was cleaned thoroughly after gentle removal of retained foetal membrane by washing with lukewarm physiological saline solution. Epidural anaesthesia was given with 2 per cent lignocaine hydrochloride (5 mL). As the animal was recumbent and refused to rise, it was restrained with its hindquarters in elevated position by placing a bag filled with straw. The uterine mass was painted with liquid paraffin. The mass was lifted to the level of vulva and the cervical portion nearer to the vagina was pushed first by applying gentle and steady palm pressure while the uterus was lifted by an attendant. Alternatively the ventral and dorsal portions of the prolapsed organ were replaced into the pelvic cavity and finally the terminal portion of the pole was pushed through the vagina and cervix into the uterine cavity. Sterile saline solution was instilled to ensure the complete replacement of the tip of the uterine horn. To avoid the recurrence of prolapse, Buhner's suture was applied. After reposition of the prolapsed mass, antibiotic and supportive therapy were given with Inj. Ceftiofur @ 2.2mg/kg b. wt. I/M for five days, Inj. Meloxicam @ 0.5mg/kg b. wt. I/M, Inj. Oxytocin 50 IU I/M, Inj. Chlorpheniramine maleate @ 50 mg I/M and Inj. Calcium borogluconate (25 % w/v) @ 450 ml I/V. The owner was advised to keep the animal in a plane area or with its hindquarter in a slightly elevated position. Animal showed excellent response to the treatment and the suture was removed ten days after treatment.

Uterine eversion mainly occurs immediately or few hours after parturition. Occasionally it may occur 48 to 72 hours after parturition. It is commonly seen in confined or stabled dairy cattle that calve in a stanchion with their rear parts sloping downwards (Roberts, 1971). Hypocalcaemia is a common cause of uterine prolapse, which leads to loss of myometrial tone and this will predispose to uterine prolapse during the third stage of labour (Noakes *et al.,* 2001). The inverted uterus is evident as a large mass protruding from the vulva and may extend to the hock joint. Exposed placentomes may be visible on the prolapsed part and generally the fetal membrane might have partially separated from the caruncles (Patra *et al*., 2015). The condition can be corrected with favorable prognosis, if treatment is initiated at early stage to avoid much injury to organ (Noakes *et al.,* 2009). Epidural anesthesia in large ruminants like buffalo could be useful for restoring an everted uterus successfully (Kumbhar *et al.,* 2009).

The animal's future breeding history may be poor or good depending up on the severity of the uterine lesions and promptness of treatment. Shock, hemorrhage, and thrombo-embolism are potential sequelae of a prolonged prolapse. In some instances, the bladder and intestines may prolapse into the everted uterus and these require careful replacement before the uterus is replaced. The bladder may be drained with a catheter or needle passed through the uterine wall. In bovines, hysterectomy or amputation of a severely traumatized or necrotic uterus may be the only way to save the animal.

SUMMARY

The present report describes the successful management of postpartum eversion of uterus in a Murrah buffalo.

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