MANAGEMENT OF UTERINE PROLAPSE IN A DROMEDARY CAMEL

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INTRODUCTION

Uterine prolapse has been recorded in camel (Ramadan and Hafez, 1993; Maart, 1996; Gutierrez *et al*., 2001; Al-Juboori and Baker, 2012), it often occurs as a complication of parturition, usually due to excessive obstetric manipulation. It is regarded as an emergency condition and should be managed before the development of severe edema, mucosal trauma, contamination and fatal hemorrhage to avoid a grave prognosis. Although high estrogen level, hypocalcaemia, uterine inertia and nutritional deficiency are considered as different attributing factors, the exact etiology of uterine prolapse is still unclear (Arthur *et al.,* 1982). Selenium deficiency apart from its musculoskeletal and cardiac effects, could promote uterine prolapse in dromedaries (Gutierrez *et al*., 2001). Management of post-partum uterine prolapse in dromedary camels by suturing the vulva by Buhner's technique (Ramadan and Hafez, 1993) or by hysterectomy have been reported (Maart W. D. E. 1996). Management of uterine prolapse in camels is not an easy task as in cattle and buffalo, due to the heavy size and length of the prolapsed organ. Successful management of post-partum uterine prolapse in a dromedary camel without vulval suturing is reported in this paper.

CASE HISTORY AND TREATMENT

A nine years old female dromedary camel weighing about 450 kg delivered a live male calf in the morning on 13.1.2014 in a camel farm in the desert area of Madam Muncipality, Sharjah, UAE. Four hours later the entire uterus was found everted. The prolapsed uterine mass

was soiled with sand and showed marked mucosal bleeding .The mass weighed about 25 kgs and was having a length of about 1.25 mts. The animal was in severe distress showing occasional straining. Body temperature was 37.8 $^{\circ}$ C. Tachycardia (82 beats per minute) and tachypnoea (15 breaths per minute) were noticed.

The camel was given epidural anaesthesia using 25ml of 2% lignocaine hydrochloride (0.22mg/kg b.w) at the sacrococcygeal space and then sedated with 3ml of 2% xylazine hydrochloride (0.4mg/kg b.w) intravenously. The animal was restrained

in sitting posture by keeping the four limbs under the body and tightly tying them with ropes. Then the hind quarters were kept raised by lowering the fore quarters by digging and removing sand using a shovel. The tail was secured by tying with a belly rope. The prolapsed uterine mass was cleaned thoroughly using antiseptic lotion and placed in a clean plastic sheet. For repositioning the uterus, the prolapsed mass was raised above the ground level with the plastic sheet to keep it in a straight position with the help of two assistants. By careful manipulation and applying sufficient force by two veterinarians simultaneously, the inverted organs were anatomically repositioned. Tetracycline (3g) boli were kept inside the uterus to prevent infection. A flexible plastic pipe having a length of 1.5m and 4cms diameter was introduced into the uterus by protecting with the hand. Air was blowed though the pipe into the uterus to expand the organ and facilitate complete anatomical repositioning of the uterus, in order to avoid the recurrence of prolapse. Vulval lips were not sutured. Long acting tetracycline (20mg/kg body weight), 20 ml of Selenium + Vitamin E injection and metamizole (25mg/kg body weight) were administered intramuscularly. After about one hour the camel was able to stand without support and made an uneventful recovery.

RESULTS AND DISCUSSION

The definitive cause of uterine prolapse in this camel is uncertain. Increased intra-abdominal pressure plays a major role in uterine prolapse (Ramdan and Hafez, 1993). The combination of epidural anaesthesia and xylazine sedation was found very useful to prevent straining and also easy manipulation. The lowering of forequarters helped to raise the hind quarters for easy reduction of the prolapsed mass. In dromedaries, the chance of repositioning the uterus to its natural position can be minimal due to anatomical peculiarities of the pelvic canal since it is twice as long as that of cattle (DeMaar, 1996). In the present case, careful reintroduction and expansion of uterine lumen by blowing air helped in anatomical repositioning of the genitalia. This technique helped to avoid the conventional vulval suture methods and prevented recurrence of the prolapse. Blowing of air into the uterus is a traditional technique practiced by veterinarians of Sudan, where largest population of dromedary camels are exists and the same technique is being practiced in Uninted Arab Emirates also usually without any complications. More over farmers of United Arab Emirates usually do not allow suturing the vulval lips of their animals in uterine prolapse. Supplementation of Vitamin E and Selenium during the peripartum period can also help to prevent the incidence of uterine prolapse.

SUMMARY

A case of post-partum uterine prolapse in a dromedary camel and its successful management without vulval suturing has been reported.

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