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Management of postpartum uterine eversion in Frieswal cow- A case report

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Abstract

A case of postpartum uterine prolapsed in a Frieswal cow and its successful clinic-therapeutic management has been discussed.

Keywords: Cow, Uterine prolapsed, Management

Introduction

Prolapsed of uterus is a common complication during third stage of labour and is most commonly seen in pluriparous dairy cows (Roberts, 1971) ^[1]. Various predisposing factors have been suggested for uterine prolapsed in cow i.e. hypocalcaemia, prolonged dystocia, retained fetal membrane, chronic disease and peresis (Risco *et al.*, 1984) ^[3]. Uterine prolapsed is considered as a medical emergency, animal if not treated quickly leads to shock or die from blood loss (Gangwar *et al.*, 2014) ^[2]. The present paper reports postpartum uterine prolapsed in a frieswal cow and its successful obstetrical and therapeutic management.

History and Observation

Five year old Frieswal cow of Military Dairy Farm Jammu in its 2nd lactation was presented with history of hanging mass from vaginal orifice. The cow delivered normal male calf. On clinical examination, the prolapsed mass was soiled inflamed, congested, edematous and fetal membrane intact (Fig: 1). The cow was apparently healthy and was in standing position. Rectal temperature was recorded to be 103.8⁰F.

Treatment

The treatment started with the aim of reducing the everted mass, minimising contamination and elimination post partum uterine infection. The animal was given caudal epidural anesthesia using 5 ml of 2% lignocaine HCL. Perineal region and vulva was washed using 1:1000 KMnO₄ solution. Prolapsed mass was then washed carefully with warm saline and the fetal membrane was removed carefully with finger tips from maternal coruncles. The prolapsed mass was then again washed with 1:1000 KMnO₄ solution. The prolapsed mass was then lifted to the level of ischial arch and then by applying adequate pressure, prolapsed organ was pushed inside the vulva slowly with alternate pushing of upper and lower surface. As organ disappeared through vulvar lips, further pressure was applied to push the organ forward to the abdominal cavity and a rope truss was applied to prevent the further reoccurrence (Fig: 2). The cow was treated with intramuscular broad spectrum antibiotic, anti-inflammatory, antihistaminic, analgesic with intravenous fluid and calcium therapy. No recurrence of prolapsed was reported and the animal recovered uneventfully.

Discussion

The postpartum uterine prolapsed is more common than prepartum incidence (Roberts, 1971) ^[1]. The cause of uterine prolapsed is not clear, but there is no doubt that it occurs during third stage of labour, within few hours of expulsion of calf and at time when some fetal cotyledons have separated from maternal coruncles. A caudal epidural anaesthesia is always essential before replacement of a uterine prolapse as it decreases straining and desensitizes the perineum.

Once the uterus is replaced, the hand is inserted up to the uterine horn to be sure that no invagination remain. Since most animals with uterine prolapse are hypocalcaemic (Fubini and Ducharme, 2006) [4] and to hasten the uterine involution, inj. Calcium borogluconate should be administered as given in the present case. Also, administration of broad spectrum antibiotics along with supportive therapy after replacement of the prolapsed mass prevents secondary bacterial infection and early recovery. This case responded promptly without complication because of early treatment by proper replacement of uterus and with administration of antibiotics to prevent uterine infection.

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Fig 1: Hanging of complete uterine prolapsed mass



Fig 2: After management of uterine prolapsed

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