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## Management of uterine prolapse with mummified Fetus in goat: A case report

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### Abstract

A Two-year Primiparous goat was presented to TVCC, Proddatur with a history of Straining and protrusion of uterine mass through the vulva along with mummified fetus after few hours of kidding. On clinical examination, animal was active and apparently healthy. The prolapsed uterus was oedematous with mummified fetus hanging from the uterus. Epidural anesthesia was achieved using 2 ml of 2% lignocaine hydrochloride injection administered at the intercoccygeal space and the averted uterus was carefully assessed and mummified fetus was gently removed and Reduction, Repositioning of the uterus was done after disinfection with diluted Potassium permanganate solution and Buhner's suture was applied for retention of uterus. Animal had an uneventful recovery after 5 days of the treatment.

**Keywords:** Uterine prolapse, mummified fetus, pop-in-spray

### Introduction

Prolapse of genital organs were an important maternal abnormality in ruminants which were observed mostly during peri-parturient period. It can be recognized by the protrusion of varying parts of genital tract through vulva (Noakes *et al.*, 2018) [4]. All animal species have postpartum uterine prolapse caused by hormonal imbalance, hypocalcemia, mineral imbalances, injuries or straining of the delivery channel, excessive traction during aided parturition, dystocia, or the forcible removal of the fetal membranes (Jackson, 2004) [3]. Postpartum uterine prolapse occurs most commonly in the cow and ewe less common in doe and rare in mare. Prolapse of uterus generally occurs immediately or a few hours after parturition when the cervix is open and uterus lacks tone (Hanie, 2006) [1]. Goats with uterine prolapse may have the both horns protruding out of the vulva or only the body of the uterus (Noakes *et al.*, 2018) [4]. In the present case, prolapse would have occurred due to persistent straining following normal kidding to expel the mummified fetus.

### Case History, Clinical Examination

A Two-year goat was presented with a history of Excessive straining and protrusion of uterus along with mummified fetus after few hours of kidding (Fig 1). The kid was live and kidded with normal delivery without traction. On clinical examination Goat had normal temperature (102.8 °F) increased respiration rate (45 min), increased heart rate (112 min) and ruminal motility (4/2 min) and active with normal intake of feed and water. The prolapsed uterus was edematous with mummified fetus hanging from uterus without any tears and debris on Uterus.

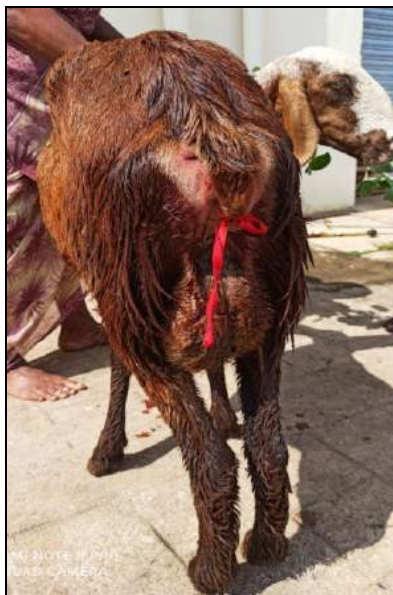
### Treatment

The prolapsed mass was cleaned carefully with potassium permanganate solution. Epidural anesthesia is induced with 2% Lignocaine Hydrochloride solution at 1st Inter coccygeal space to prevent excessive straining during manipulation of prolapsed mass. The Hanging Mummified fetus and fetal membranes are carefully removed from the uterus without causing damage to the uterus. Pop- in-spray was applied to the prolapsed uterine mass and observed for the reduction in mass. After 15 Min the mass is reduced considerably and the animal's hind quarters were lifted by folding the hind limbs at the level of the hock joint, and the uterus was repositioned by being pushed inside very gently and gradually, beginning with areas close to the vulval lips.

Cotyledons were gently manipulated and placed into the vagina to prevent the vulval lips from turning inward. The prolapsed mass was then entirely forced inside the vulva and repositioned into the pelvic cavity by exerting synchronous pressure and inward force, all without damaging the uterus. After repositioning, the uterus, cervix, and vagina are per-vaginally palpated to assess their patency. The Buhner sutures are applied to the vulval lips using umbilical tape to achieve retention (Fig 2), and tetanus toxoid was administered as a preventative measure. Animal was administered with Inj. Mifex (50 ml IV), Inj. Oxytocin (20 IU IM), Intravenous administration of 250 ml of 25% Dextrose, Inj. Enrofloxacin (100 mg IM). The antibiotic and anti-inflammatory were administered for 2 more days and the sutures were removed on the 5th day from the first date of the suturing and the animal was recovered uneventfully.



**Fig 1:** Uterine prolapse with mummified fetus



**Fig 2:** After placing Buhner's sutures

uterus mainly due to forceful traction of fetus and repositioning, retention is done to treat the condition. In the present case Uterine prolapse with the Mummified fetus is treated by careful traction and removal of mummified fetus from the uterus and prolapse mass was reduced (R1) by spraining the herbal product i.e., Pop-In-Spray for easy repositioning (R2) of prolapsed mass followed by retention (R3) with Buhner's sutures with Umbilical tape. The 3R's Principle is employed followed by supportive treatment to prevent recurrence of prolapse.

### Conclusion

In this case animal is of first parity the chance of occurrence of prolapse is quite common so it is advised for good management conditions like limited feeding in intervals, Ca therapy during per parturient period and no excessive traction of fetus during subsequent kidding. Among the 3 R's repositioning the prolapsed mass is ideal because if not repositioned properly it leads to improper involution with metritis and adhesions and finally animal should be culled. The complication associated with the retention is oedema and sloughing of vulva due to improper suturing and this can be avoided by sub mucosal suturing by application of antiseptics at suture site until the sutures are removed. In this case no such complications are seen and animal recovered successfully.

### References

1. Hanie EA. Prolapse of the Vaginal and Uterus: Text Book of Large Animal Clinical Procedures for Veterinary Technicians. Elsevier, Mosby, St. Louis, MO, USA; c2006.
2. Fubini SL, Ducharme GN. Surgical Conditions of the Post-Partum Period in Text Book of Farm Animal Surgery. Saunders, Elsevier, St. Louis, MO, USA; c2006.
3. Jackson PGG. Post parturient Problems in Large Animals in Hand Book of Veterinary Obstetrics, Edition 2, Elsevier Saunders; c2004. p. 209-231.
4. Noakes DE, Parkinson TJ, England GCW. Veterinary Reproduction and Obstetrics. Saunders; c2018. p. 322-33.
5. Purohit GN, Gupta AK, Gaur M, Sharma A, Bihani D. Per parturient disorders in goats. A retrospective analysis of 324 cases. Dairy Goat J. 2006;84(2):24-33.
6. Raja M, Jackson A, Louis S. A Non-Descript Doe's journey to recovery from total uterine prolapse subsequent to abortion. International Journal of Allied Sciences (IJAS). 2022;13(8):21-24.

### Discussion

Among the per parturient Disorders in Goats uterine prolapse accounts for 2.9% (Purohit *et al.*, 2006) [5]. Prolapse of uterus normally occurs during third stage of labor (Noakes *et al.*, 2018) [4]. Most animals with uterine prolapse occurs due to hypocalcemia (Fubini and Ducharme, 2006) [2]. Prolapses were replaced gently after thorough washing and application of soothing cream along with Progesterone 500 mg (Proluton Depot, German Remedies) IM and retention through vulval suturing and there was no reoccurrence of prolapse (Purohit *et al.*, 2006) [5]. Raja *et al.*, 2022 [6] reported that the prolapse of