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A rare case of post-partum hematoma associated with uterine wall in an ongole cow

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Abstract

An eight-year-old pluriparous Ongole cow was presented to the Large Animal Obstetrical ward, with a complaint of persistently raised tail head, moderate straining while urination and occasional bloody discharges since calving. A live female calf was delivered by traction 10 days ago. Per-rectal examination revealed involuting uterus with a large, rigid, noticeable and ellipsoidal mass on the right side in the pelvic cavity. Trans-rectal ultrasonography revealed an anechoic mass comprising hyperechoic segmental strands with multiple fluid-filled cavities. Based on the bodily location, firmness and ultrasonography the mass was tentatively diagnosed as a hematoma associated with uterine wall. Animal was treated with hemostat: Inj. Tranexamic acid 10mg/kg IV, Inj. Intacef Tazo 3375mgSID, Inj. Flunimeg @ 2.2 mg /kg BW, MethylErgometrine-0.2 mg/ml IM to promote uterine involution and concerned intravenous fluid therapy. On 30th day the entire mass was reduced and uneventful recovery was noticed.

Keywords: Ongole cattle, haematoma, uterus

1. Introduction

Pelvic Hematomas are rarely reported in cows. The pelvic hematoma is formed by bleeding from one of the arteries leading to the uterus, due to a rupture which is thought to occur by entrapment and crushing of the blood vessel between the fetal parts and maternal pelvis during assisted parturition (Hudson, 1964) [4]. The term hematoma describes an area of blood that collects outside of the larger blood vessels. An injury can cause blood vessel walls to break, allowing blood to make its way into the surrounding tissue. This study reports a postpartum hematoma associated with uterine wall in an Ongole cow following a dystocia treated by traction.

2. Case History and Observations

An eight-year-old pluriparous Ongole cattle was presented to the Large Animal Obstetrical ward, with a complaint of mild rise in rectal temperature (101.9°F), anorexia, persistently raised tail head (Fig:1), moderate straining while urination, mild abdominal discomfort and bloody discharges since calving (Fig:2). Following prolonged unproductive straining, the cow delivered a live female calf by forced traction 10 days back. Placental expulsion occurred 6 hours after parturition.

On gynaecological examination, no abnormal tears or masses were found in the vaginal wall and the external-os was nearly closed. Per-rectal examination revealed involuting uterus with a large, rigid, noticeable, ellipsoidal mass on the right side in the pelvic cavity with imprecise dimensions of 10×5 cm involving uterine wall. Trans-rectal ultrasonography revealed an anechoic mass comprising hyperechoic segmental strands with multiple fluid-filled cavities (Fig: 3).

On examination of urine, there was no evidence of blood and the pH was found to be alkaline (7.5). On examination of the bloody discharges from the vulva, erythrocytes along with some neutrophils were noticed. Based on bodily location, firmness and ultrasonographic findings, the mass was tentatively diagnosed as a hematoma of the uterine wall.

3. Treatment and Discussion

Animal was treated with Inj. Tranexamic acid 10mg/kg IV, Inj. Intacef Tazo 3375mgSID, Inj. Flunimeg @ 2.2 mg /kg BW, Methyl Ergometrine-0.2 mg/ml IM to promote uterine involution and concerned intravenous fluid therapy. After 30 days the entire mass was reduced and uneventful recovery was noticed (Fig 4).

Hematomas may occur in any blood vessel, including veins, arteries and capillaries. Hematomas are commonly due to injuries or trauma in the area. In this case the present condition is usually associated with excessive fetal movements in Ongole cattle and also during traction of the calf to relieve dystocia. The broad ligament is composed of the mesovarium, which supports the ovary; the mesosalpinx which supports the oviduct and the mesometrium which supports the uterus. The uterine artery and its branches are contained within the mesometrium (Oikawa *et al.* 2009) [6]. The uterine artery or a branch of the uterine artery was damaged either during traction of the calf per vaginally (Cockcroft *et al.* 1999) [1].

When the fetus is very large considerable manipulation and traction are often necessary to adjust and remove it; and this leads to bruising of the soft parts against the pelvis and lacerations and rupture of the blood vessels and connective tissue (Flemmings and craig, 2000) [3]. Fetus passage may damage the internal pudendal artery, resulting in formation of a large heamatoma lateral to the vaginal wall (Ducharme *et al.*, 2017) [2]. Haematomas are usually associated with rough obstetrical practice although they can occur following normal birth (Noakes, 2018) [5].



Fig 1: Raised tail



Fig 2: Discharges from vagina



Fig 3: Ultrasonographic image of hematoma



Fig 4: Ultrasonographic image after 30 days

Conclusion

Based on the current study it was observed that occurrence of hematoma involving the uterine wall is a rare case and can be treated with the help of drugs and good managemental practices. Ultrasonography along with rectal palpation aids in diagnosis the condition.

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