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Case report on a post-partum total uterine prolapse in a non-descript buffalo

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Abstract
The uterine prolapse is a common obstetrical complaint in cattle and buffalo which is subsequently affects productive and reproductive performance of dairy animals. A 3 year nulliparous non-descript buffalo having the history of normal parturition two days back and the condition of huge prolapse mass hanging from the vaginal region. The gynecological inspection it was identified as total uterine prolapse. Huge prolapsed uterus was repositioned manually. And applied vulval tape retention suture in that place. It was efficiently clinically managed with maintained increase feeding frequency in succulent fodder. The animal was uneventfully recovered without any complications.

Keywords: Buffalo, non-descript, post-partum, total uterine prolapse

Introduction
The anatomically placed organs are repositioning to abnormal place is called as prolapse. The uterine prolapse is a common complaint related with calving in cattle and buffaloes. It is one of the serious life-threatening complications that occur during the period immediately after calving; however, it is very rare beyond 48 hours of calving (Patil, 2014) [6]. Compare to the vaginal prolapsed which was more severe health trouble in dairy animals. The uterine prolapse is longer (hanging up-to the hock joints), larger, red in colour and change with the "buttons" in the placentomes (Hasan *et al.,* 2020) [3]. Factors like infection, mineral deficiency, aggressive during calving, imbalance of hormone, extended dystocia, trauma, retained placenta etc., have been known as predisposing cause in the uterine prolapse (Murphy and Dobson, 2002) [5]. Ennen *et al.,* 2011 [2] was also reported the poor uterine tone, increase straining, the weight of retained placenta, conditions that enhanced intra-abdominal pressure due to tympany were the other factors caused to uterine prolapse. Based on the part of the reproductive organs involved and its severity, the prolapse was commonly categorized first, second and third degree prolapses. The third degree prolapse was more severe and extensive form of prolapse. It can lead to shock, trauma, infection, and death were due to delayed veterinary care (Singhal *et. al.*, 2011) [9]. The case report deals with the post-calving total uterine prolapse in a non-descript nulliparous buffalo in Tamil Nadu, India.

Case History and Clinical Observations
Three years old nulliparous non-descript buffalo was presented at Amachiyapuram village, Theni district, Tamil Nadu with a case history of normal calving. Two days back, a normal female calf was born and the owner observed the total uterine prolapsed since the day morning. The buffalo was healthy and travelled around 2.5 km in the standing position from farmer's agricultural farming land to main village. The prolapse mass was hanging from the vulva to the hock joint with soiled and deep red in colour severe bleeding was noticed in the prolapse mass. The rectal temperature was recorded 101.5^0 F. Sunken eye ball and congested eye mucus membrane were also noticed.

Clinical Management
The epidural anaesthesia was performed to administration of four ml lignocaine hydrochloride

in lumbosaccral region to prevent straining during prolapse mass replacement. The posterior part of the buffalo and prolapse mass were thoroughly removed the debris and fecal materials with the use of hypertonic saline solution with low concentration (1:1000) of KMnO4 solution. Applied the ice cubes in the prolapsed mass and reduced its size. The antiseptic cetrimide cream was applied over the prolapse mass. Then the uterine mass was lifted to the equal level of vagina and pushed with a moderate force to the vaginal cavity. Uterus and cervix were successfully repositioned inside the pelvic cavity. On per vaginal palpation no mass was found posterior in the cervical ring. It was indicating, totally reposition of the prolapsed organs to the pelvic cavity. The vulval tape retention suture was applied over the valvular lips with the use of cotton tape of ¾ cm thickness. After that, the buffalo treated with Injection Streptopenicillin – 5g I/M, Inj. Meloxicam – 10 ml Intramuscular, Injection Chlorpheniramine maleate – 10 ml I/M, Inj. Oxytocin – 10 I/U I/M and Inj. Calcium magnesium borogluconate – 150 ml I/V. The fly repellant topicure herbal spray (topical application) was used externally over the vulval lips. Advice to the owner for increases the feeding frequency and provides succulent fodder in the forthcoming days. The treatment was repeated for subsequent 5 days except Oxytocin injection. The retention suture removed after 7 days.

Discussion

According to Kumar *et al.,* 2013 [4], uterine prolapse is one of the common reproductive disorders and contributed about 22% of the whole reproductive problems in buffaloes. The common consequence of uterine prolapse is septic metritis, haemorrhage, shock, infertility or death. Sometimes in retarded cases, incomplete contraction of cervix intervene with proper repositioning. It leads to the recurrence of prolapse (Bhoi and Parekar, 2015) [1]. But in this case, the total uterine prolapse occurred two days after calving in nulliparous non-descript buffalo which was clinically managed effectively in conferring to Bhoi and Parekar, 2015 [1]; Singh *et al.,* 2018 [8]; Raju *et al.,* 2018 [7] and Hasan *et al.,* 2020 [3].

Conclusion

It is concluded that the total uterine prolapse can be successfully replaced into normal anatomical structures and efficiently clinically managed in the nulliparous non-descript buffalo.

Conflict of Interest

Not available.

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