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Management of post-partum uterine prolapse in a non-descript doe: A case report

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Abstract
A two year six month old pluriparous non-descript doe was presented to Veterinary Clinical Complex, Rajendranagar, Hyderabad with a complaint of postpartum total uterine prolapse. On external examination of the prolapsed mass it was edematous, congested, inflammed and hanging till the hock. Epidural anaesthesia with 2% lignocaine was given at first intercoccygeal space. The prolapsed mass was carefully examined for any lacerations and placenta. The mass was reduced, repositioned and retention sutures were applied. Oxytocin, Ceftriaxone and fluid therapy was given. The animal recovered uneventfully.

Keywords: Management, non-descript doe, post-partum uterine prolapse, case report, placenta

Introduction
Uterine prolapse refers to the complete eversion of the gravid horn after birth (Noakes *et al*., 2009) [7]. It is also called "casting of the wether" or "casting of the calf bed". This condition is most frequently seen in cows and ewes, less often in sows and goats, and is rare in mares (Jackson, 2004) [5]. Prolapse usually occurs immediately after parturition, though it can also appear a few hours later, and in rare cases even 48-72 hours post-calving or lambing. Several factors can increase the risk of uterine prolapse, including hormonal imbalances, low blood calcium, mineral deficiencies, injuries or overstretching of the birth canal, excessive traction during assisted delivery, dystocia, or the forceful removal of fetal membranes (Jackson, 2004; Hanie, 2006) [4, 5]. Prompt treatment is crucial, as untreated uterine prolapse can lead to swelling, loss of blood supply, tears or injuries, internal bleeding, and potentially the death of the animal (Noakes *et al*., 2009) [7].

Case History and Clinical Examination
A two year six month old pluriparous non-descript doe was presented to Veterinary Clinical Complex, Rajendranagar, Hyderabad with the history of prolapse of uterus following eutocia (two live and one dead fetus) the previous night. Fetal membranes were shed completely following kidding. The vital parameters were normal. The doe was active, alert with rectal temperature of 100.4 F and animal has history of feeding with cabbage leaves regularly. The prolapsed mass is congested and maternal caruncles were visible externally.

Diagnosis and Treatment
According to the history and clincal examination diagnosed as Post-Partum Uterine prolapse. Epidural anaesthesia with 2% lignocaine (2ml) was administered to reduce straining (Singh *et al*., 2020) [12]. The 3 R's treatment was given i.e. Reduction, Reposition, Retention. Prolapsed mass was thoroughly cleaned with 0.1% KMnO4 solution and debris were removed. Urine was relieved by lifting the prolapsed mass dorsally after cold compression, Pop In spray was applied to the mass. The prolapsed uterus was carefully repositioned back into its normal position using plenty of lubrication and gentle hand pressure.

Retention sutures were then placed to prevent it from slipping again. To support recovery, the animal is treated with 250 ml of Dextrose Normal Saline for energy and fluids, Oxytocin 10 IU intramuscularly to help the uterus contract, Ceftriaxone 10 mg/kg body weight intramuscularly as an antibiotic, Meloxicam 0.3 mg/kg body weight intramuscularly (CS Azad *et al*., 2024) [2] for pain and inflammation relief, and Chlorpheniramine maleate 0.5 mg/kg body weight intramuscularly as an anti-histamic agent and injection Tribivet 2 ml intramuscularly for three to five days. Advised Split feeding, water and elevated hindlimbs while resting and topical application of ointment Himax on the suture line and sutures were removed on 7th day with successful recovery of doe without any complications.

Fig 1: Total uterine prolapse in a doe

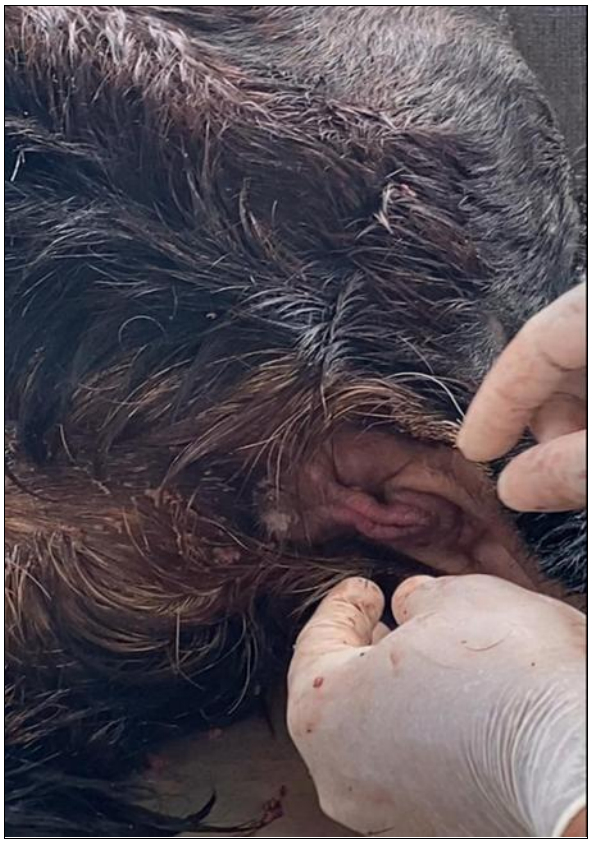

Fig 2: After retention of mass

Discussion

Uterine eversion in goats has been documented by several researchers (Selvaraju *et al*., 2010; Singh *et al*., 2011; Pasha *et al*., 2021; CS Azad *et al*., 2024) [10, 11, 8, 2]. This condition usually occurs during the third stage of labour, after the fetus has been delivered and the fetal membranes have separated from the uterine lining (Noakes *et al*., 2009) [7]. In small animals, it is common for both uterine horns to prolapse completely. When correcting the prolapse, it is essential to ensure that both horns are fully repositioned, whether the animal is standing or lying down, to prevent abdominal straining and reduce the chance of recurrence (Hanie, 2006) [4]. Oxytocin is recommended after repositioning to help the uterus contract and regain tone (Pasha *et al*., 2021) [8]. Many animals with uterine prolapse are also low in calcium (hypocalcemia), (Fubini and Ducharme, 2006) [3], so calcium borogluconate should be administered if signs of low calcium are seen. A broad-spectrum antibiotic given for three to five days after replacement helps prevent secondary infections (Plunkett, 2000) [9]. Management practices also play an important role like dividing feed and water into smaller doses and housing the animal so that its hind legs are positioned slightly higher than its front legs can help recovery and reduce the risk of prolapse recurring.

Conclusion

The present case demonstrates the successful management of postpartum uterine prolapse in a non-descript doe through timely diagnosis, careful reduction, repositioning, and retention, supported with appropriate pharmacological therapy. Early intervention minimized complications such as infection, hemorrhage, or recurrence, ensuring complete recovery. The report highlights the importance of adopting the "3R's" approach Reduction, Reposition, and Retention along with supportive care including antibiotics, oxytocin, analgesics, and proper post-operative management. Practically, the case emphasizes the need for improved nutritional and management practices to reduce risk factors associated with prolapse. Future scope lies in developing preventive strategies, awareness programs for farmers, and further research on recurrence rates and long-term reproductive performance in affected animals.

Conflict of Interest
Not available

Financial Support
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