

Case Report

**TOTAL UTERINE EVERSION IN A SHE GOAT AFTER ABORTION-
A CASE REPORT**

Prabaharan, V., Palanisamy, M., Jayaganthan, P., Rajkumar, R and Raja, S.

Department of Veterinary Gynaecology and Obstetrics
Veterinary College and Research Institute,
Orathanau -635 614, Tamilnadu

Abstract: This study reports a case of uterine prolapse after abortion and its successful clinical management in nondescript doe goat. The everted uterus was carefully handled and repositioned with no suture was placed on the vulva. The animal was treated with Oxytocin, broad-spectrum antibiotics and DNS solution. The animal was completely recovered within three days.

Keywords: Goat, Abortion, Uterine prolapse, Management.

Introduction

Uterine prolapse is more commonly in observed in cows and ewes, less commonly noticed in does and rarely in case of mare (Roberts,1986 and Sahadev *et al.*, 2014). It is an eversion of the uterus which turns inside out as it passes through the vagina. It normally occurs during the third stage of labour at a time when the foetus has been expelled and the foetal cotyledons have separated from the maternal caruncles (Noakes et al.2001). The Prolapse of the uterus generally occurs immediately after or a few hours of parturition when the cervix is open and the uterus lacks tone (Hanie, 2006). The uterine prolapse in goats may be complete with both the uterine horns protruding out from vulva or may be limited to uterine body (Noakes *et al.*,2009). Prompt treatment of uterine prolapse recovers without complication while delay in treatment could result in death of animal in a matter of hour or so from internal haemorrhage caused by the weight of the organ which tears the mesovarium (Noakes et al.2001). Success of treatment depends on the type of case, the duration of the case, the degree of damage and contamination. The present clinical article deals with a case of complete post partum uterine prolapsed and its successful therapeutic management in a goat.

Case history and observations

An 2 year old non-descript doe was presented to the Large Animal Obstetrical unit of Teaching Veterinary Clinical Complex, Veterinary College and Research Institute, Orathanadu with complaint of prolapsed uterine mass from vulva. History revealed that one

dead male fetus was aborted at 8 hour before presenting to this hospital. The clinical examination of the animal showed a pale visible mucus membranes, with body temperature 39.1° C, heart rate 84/min, respiratory rate of 32/min and grinding of teeth. On clinico-gynaecological examination, the everted uterine mass was edematous and soiled with dirt, feces and the foetal membranes were tightly adhered over the caruncles. Based on these clinical sign and observation the condition was diagnosed as uterine prolapse.

Treatment and discussion

Epidural anesthesia was achieved by infiltration of 3 ml of 2% lignocaine HCl solution into the first inter sacro-coccygeal space to prevent the straining during the replacement of the prolapsed organ. Prolapsed uterus was gently washed and disinfected with 1 % potassium permanganate solution and the foetal membranes were separated manually from the maternal caruncles. Urine was relieved from bladder by urinary catheterization. By applying adequate palm pressure, prolapsed mass was pushed inside vulva slowly with alternate pushing of upper and lower surfaces and simultaneously elevating the hind quarters of the animal. Proper replacement was ensured by introducing the hand through the cervix and no vulval retention suture was applied. The doe was treated with broad spectrum antibiotic (Ceftrixone-15 mg/kg, i/v), antihistaminic (1ml chlorpheniramine maleate i/m), analgesic (Meloxicam-0.2mg/kg, i/m), Calcium borogluconate -50 ml, i/v and Oxytocin-10 IU i/m were administered. The supportive treatments like board spectrum antibiotic, analgesic and antihistaminic were followed for two more days for recovery of the animal. No recurrence of prolapsed was reported and the animal recovered uneventfully.

Prolapse of uterus normally occurs during third stage of labour (Noakes *et al.*, 2009) and in small animals, complete prolapse of both the uterine horns is usual (Jackson, 1995; Munro, 2004). In this case prolapse of uterus was observed after abortion of a dead fetus which could be the unusual event. The aborted fetus occupies birth canal and excessive straining during the expulsion of the abortion fetus and the placenta may the cause of uterine everted after abortion. The goal in the treatment of uterine prolapse is replacement of the organ followed by a method to keep it in a retained position. Once the uterus is in its normal position, oxytocin 10 IU intramuscularly should be administered to increase the uterine tone (Senthilkumar, *et al.*, 2017). Since most animals with uterine prolapse are hypocalcaemic (Fubini and Ducharme, 2006), hence calcium borogluconate therapy was given in the present case. Also, administration of broad spectrum antibiotic after replacement of the prolapsed

mass prevents secondary bacterial infection (Kumar, 2014). However, if managed properly animal can conceive again without problem (Pothiappan *et al.*, 2013).

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Fig.1. Uterine Eversion in a Goat