

Case Report

**SUCCESSFUL MANAGEMENT OF POST PARTUM BICORNUAL
EVERSION OF UTERUS IN A NONDESCRIPT DOE**

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Abstract: A case of post partum bicornual uterine prolapse in a third parity non-descript doe was detailed in the present report. The doe was presented with the complaint of prolapsed mass following kidding. The prolapsed mass was carefully assessed by clinical observations and successful management was achieved by following reduction, reposition and retention under caudal epidural anaesthesia using 2% lignocaine. Oxytocin, Dextrose normal saline, Calcium boro gluconate, broad spectrum antibiotics (Ceftriaxone), NSAIDS (meloxicam), anti-histamines (chlorpheniramine maleate) were administered and the doe recovered uneventfully.

Keywords: Prolapse, Bicornual, Uterus, Doe, kidding.

INTRODUCTION

Uterine prolapse is the eversion of uterus inside out as it passes through the vagina. It is most common in cow and ewe, less common in doe and rare in mare (Roberts, 1986) and is an emergency condition which needs prompt and immediate attention (Noakes *et al.*, 2001). Etiology is unknown, but many factors have been associated (Jackson, 2004). In small animals complete prolapse of both the uterine horns is usual (Munro, 2004 and White, 2007). The present communication reports a case of bicornual uterine prolapse in a doe.

CASE HISTORY AND OBSERVATIONS

A 3rd parity non-descript doe was presented to Teaching Veterinary Clinical Complex, NTR College of Veterinary Science, Gannavaram with a history of kidding 2 hours back followed by hanging of prolapsed mass. The doe showed severe straining continuously for a prolonged period of labour pain followed by bicornual uterine prolapse. Physical examination showed highly edematous and contaminated caruncles. Clinical examination revealed an elevated respiratory rate, pulse rate, heart rate and temperature. Based on history and clinical observations, the case was diagnosed as post partum bicornual uterine prolapse and the case was treated as an emergency condition.

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TREATMENT AND DISCUSSION

Treatment was done by following the three principles i.e. reduction, reposition and retention. Epidural anaesthesia was achieved by infiltration of 2% lignocaine at 1st intercoccygeal space to prevent straining during replacement (Hanie, 2006). Then the mass was cleaned with 0.1% KMnO₄ solution to remove dirt followed by mild warm saturated saline poured over the mass to reduce the size of prolapsed mass. The doe was kept in standing position (Hanie, 2006) and hind quarters were elevated with slight raising and the prolapsed mass was repositioned by gentle pressure and manipulations on upper and lower surfaces alternatively after proper lubrication with carboxy methyl cellulose. Retention was achieved by using Buhner's sutures to the vulval lips. Immediately after replacement, oxytocin (15 IU; I/M) was given to increase the uterine tone. The doe was administered with Dextrose normal saline (200ml; I/V), Calboral (75ml; I/V), T.T (0.5ml; I/M), Meloxicam (0.5mg/kg BW; I/M), Chlorpheniramine maleate (0.5mg/kg BW; I/M), Ceftriaxone (200mg; I/M) on the day of presentation of the case. Post operatively the doe was kept on antibiotic therapy for 5 days and sutures were removed after 3days. An uneventful recovery was noticed without any complications and recurrence.

Prolapse normally occurs during 3rd stage of labour at a time when the fetus has been expelled and the fetal cotyledons have separated from maternal caruncles (Noakes *et al.*, 2001). In the present case the prolapsed mass was noticed within 2hrs of kidding. The goal of the treatment followed in this case was replacement of prolapsed mass followed by a method to keep it in the retained position. Broad spectrum antibiotics were advised for 5 days after replacement, so that it will prevent the occurrence of secondary bacterial infection (Plunkett J, 2000). Success of treatment in prolapse condition can be predicted depending on type of case, duration, degree of damage and contamination. Prolapsed that occur more than 24 hrs postpartum is extremely rare and is complicated by partial closure of cervix, making replacement difficult or even impossible (Fubini and Ducharme, 2006). In the present case, as the prolapse occurred 2hrs after kidding, reduction and reposition was achieved easily and successfully.

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Fig. 1: Bicornual Uterine prolapsed

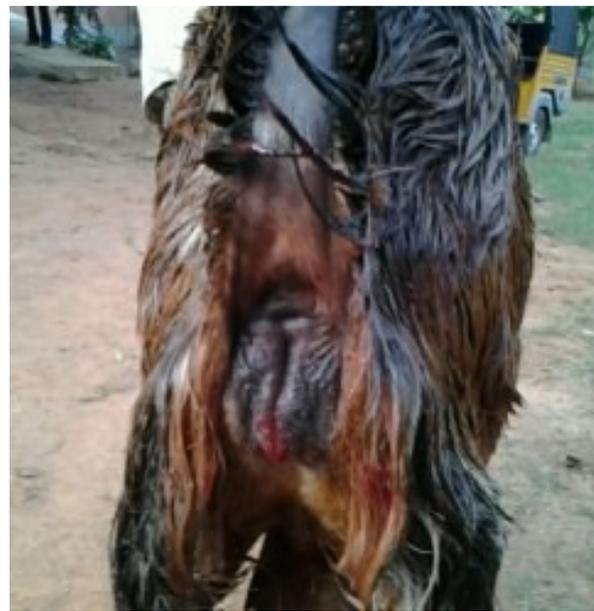


Fig. 2: After reposition of prolapsed mass