



## UTERINE PROLAPSE IN A DOE GOAT: A CASE REPORT

<b>K. Kumar</b>	College Of Veterinary Science and Animal Husbandry, Nanaji Deshmukh Veterinary and Animal Science University Jabalpur -482001
<b>S.N. Shukla</b>	College Of Veterinary Science and Animal Husbandry, Nanaji Deshmukh Veterinary and Animal Science University Jabalpur -482001
<b>P. inwati</b>	College Of Veterinary Science and Animal Husbandry, Nanaji Deshmukh Veterinary and Animal Science University Jabalpur -482001
<b>Bisen A</b>	College Of Veterinary Science and Animal Husbandry, Nanaji Deshmukh Veterinary and Animal Science University Jabalpur -482001

**ABSTRACT** This study reports a case of uterine prolapse in a doe goat. The animal was brought to the Teaching Veterinary Clinical complex with complaint of prolapse of the uterus. The everted organ was carefully assessed and washing with Potassiumpermanganate solution. Epidural anesthesia was achieved using lignocain solution. The prolapsed mass was reposed and Horizontal mattress suture was placed on the vulva to prevent re prolapse. Oxytocin, dexamethasone, broad-spectrum antibiotics (enrofloxacin) were administered intramuscularly.

**KEYWORDS :** Antibiotics, suture, postpartum, uterine prolapse

### INTRODUCTION

Post partum uterine prolapsed occurs in all large animal species. It is most common in the cow and ewe, less common in the doe goat and rare in the mare. It is simply an eversion of the uterus which turns inside out as it passes through the vagina. 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). Prolapse that occur more than 24 hrs post partum is extremely rare and is complicated by partial closure of the cervix, making replacement difficult or even impossible (Fubini and Ducharme, 2006). The prolapse is visible as a large mass protruding from the vulva, often hanging down below the animal's hock. The placenta may likely be retained during this period (Roberts, 1982). It normally occurs during the third stage of labor at a time when the fetus has been expelled and the fetal cotyledons have separated from the maternal caruncles (Noakes *et al.*, 2001).

The etiology of uterine prolapse is unknown, But many factors have been associated (Hanie, 2006; Jackson, 2004). These includes conditions such as poor uterine tone, Increased straining caused by pain or discomfort after parturition, Excessive traction at assisted parturition, The weight of retained fetal membranes, Conditions that increased intra abdominal pressure including tympany and excessive estrogen content in the feed.

Animals with uterine prolapse treated promptly recovers without complication while delay treatment could result in death of the animal in a matter of hour or so from internal hemorrhage caused by the weight of the organ which tears the mesovarium and artery (Noakes *et al.*, 2001). Success of treatment depends on the type of case, the duration of the case, the degree of damage and contamination. This study, therefore, aims at highlighting the management of uterine prolapse in small ruminants.

### CASE HISTORY AND OBSERVATION

A 3 year old non descript goat weighing 30kg was presented for evaluation and treatment of uterine prolapsed at Teaching Veterinary Clinical Complex, College of veterinary Science and animal Husbandry, Jabalpur. The owner noticed soon after the goat had kidded in one day ago. History further revealed that this was her second pregnancy. The prolapsed mass was fresh (Fig.1).

A thorough physical examination was carried out and the vital parameters were: Temperature 100.5°F, Heart rate 110 beats/min, Respiratory rate 40 cycles/min and pulse rate 110 beats/min. The ocular mucous membrane was pinkish and the prolapsed uterus was fresh and having cotyledons. Prolapsed uterus was washed with warm diluted potassium permanganate solution (Hosie, 1993). The doe was

then placed on sterna recumbency and the two hind limbs were pulled out behind her. Then using both hands with moderate force the prolapsed uterus was gently pushed in through the vagina. The body was first pushed in followed by the horns. Horizontal mattress sutures using silk size 1 was placed in the vulva as a retention technique to hold the uterus in place (Fig. 2).



**Fig.1 Complete eversion of uterus along with cotyledons**



**Fig.2 Sutured vulva after reposition of prolapsed mass**

### TREATMENT AND DISCUSSION

Enrofloxacin 2.5 mg/kg, Melonex 0.5 mg/kg were administered for 5 days. Dexamethasone 1 mg/kg was given for 2 days. The vulvar retention suture was removed after 7 days. Prolapse of the uterus normally occur during the third stage of labor at a time when the fetus has been expelled and the fetal cotyledons has separated from the maternal caruncles (Noakes et al., 2001). The goal in the treatment of uterine prolapse is replacement of the organ followed by a method to keep it in the retained position.

The uterine prolapse can be replaced with the animal in standing or recumbent position (Hanie, 2006). Once the uterus is replaced, the operators hand should be inserted to the tip of both uterine horns to be sure that no remaining invagination could incite abdominal straining and re prolapse (Fubini and Ducharme, 2006). If the uterus is completely and fully replaced all the way to the tips of the uterine horns, the prolapse is unlikely to occur (Hanie, 2006). Once the uterus is in its normal position, oxytocin 10 i.u intramuscularly should be administered to increase uterine tone. It has also been reported that most animals with uterine prolapse are hypocalcaemic (Fubini and Ducharme, 2006). Where signs of hypocalcaemia are noticed such animals should therefore, be given calcium borogluconate.

An injectable broad spectrum antibiotics once administered for three to five days after replacement of the prolapsed will prevent secondary bacterial infection (Borobia-Belsue, 2006; Hosie, 1993; Plunkett, 2000). Dexamethasone is normally given to reduce the uterine swelling. Animals with uterine prolapse that were properly managed can conceive again without problems. Complications develop when lacerations, necrosis and infections are present or when treatment is delayed. Shock, hemorrhage and thrombo embolism are potential sequelae of a prolonged prolapse (Noakes et al., 2001).

## REFERENCES

1. Borobia-Belsue, J., 2006. Replacement of rectal prolapse in sows. *Vet. Rec.*, pp: 380.
2. Fubini, S.L. and G.N. Ducharme, 2006. *Surgical Conditions of the Post Partum Period. Text Book of Farm Animal Surgery*, pp: 333-338.
3. Hanie, E.A., 2006. Prolapse of the Vaginal and Uterus: *Text Book of Large Animal Clinical Procedures for Veterinary Technicians*. Elsevier, Mosby, pp: 218-221.
4. Hosie, B., 1993. *Treatment of Vaginal Prolapse in Ewes. Practice*, 15: 10-11.
5. Jackson, P.G.G., 2004. *Postparturient Problems in Large Animals. Hand Book of Veterinary Obstetrics. 2nd Edn.*, Elsevier Saunders, pp: 209-231.
6. Noakes, D.E., T.J. Perkinson and G.C.W. England, 2001. *Post Parturient Prolapse of the Uterus. Arthur's Veterinary Reproduction and Obstetrics*. Saunders, pp: 333-338.
7. Plunkett, S.J., 2000. Vaginal Edema (Hyperplasia) or Prolapse and Uterine Prolapse. *Text Book of Emergency Procedure for the Small Animal Veterinarian*, WB Saunders, pp: 217-218.
8. Roberts, S.J., 1982. *Injuries and Diseases of the Puerperal Period: Text Book of Veterinary Obstetrics and Genital Diseases. Indian Edn.*, pp: 300-340.
9. Scott, P. and M. Gessert, 1998. *Management of ovine vaginal prolapse. Practice*, 20: 28-34.