

TRUE PROLAPSE OF GRAVID UTERUS, BLADDER AND INTESTINES THROUGH VAGINAL TEAR IN A GOAT

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ABSTRACT

A rare condition of prolapse of gravid uterine horns along with partially filled bladder and intestines through a tear in the vaginal floor in a crossbred malabari doe was presented. Hysterotomy was performed and two immature live fetuses were extracted out, following which the uterus was sutured and repositioned through the vaginal tear that was then repaired.

Keywords: Goat, Hysterotomy, Pregnancy, True uterine prolapse, Vaginal tear

INTRODUCTION

Prolapse of uterus or bladder is a condition in which serosal surface of the organ is protruded through vaginal or perineal tear (Noakes *et al.*, 2009). Eversion of uterus is a common complication of third stage of labour in cow and ewe, but true uterine prolapse is an extremely rare condition (Roberts, 1971). The present paper puts on record a rare case of complete gravid uterine prolapse through vaginal tear in a late gestation goat.

CASE HISTORY AND OBSERVATIONS

A one and half year old, nulliparous, malabari crossbred goat in its fourth month of gestation was presented to Teaching Veterinary Clinical Complex, Mannuthy, Kerala with a mass protruding outside the vulva. The animal had a history of first-degree cervico-vaginal prolapse for last three days, which was not treated. Thereafter, the animal showed severe abdominal contraction, inappetance and restlessness. At the time of presentation, the animal was weak and in lateral recumbancy. Rectal temperature was sub-normal (101.3⁰ F); pulse was 70/min and respiration was 22/ min. A thorough examination revealed prolapse of both uterine horns along with partially filled bladder and intestines through a tear in the ventral wall of the vagina (Figure

1A). Foetal movements were grossly visible within the gravid uterine horns. The condition was diagnosed as true prolapse of gravid uterine horns along with bladder and intestines through a vaginal tear.

TREATMENT AND DISCUSSION

The hair from tail, peri-vulvar area and thigh were clipped and vulvar and peri-vulvar area was thoroughly cleaned with an antiseptic solution. The prolapsed masses were thoroughly cleaned off the debris and fecal contaminations and were lavaged with weak potassium permanganate solution. Epidural anaesthesia was administered by infiltration of lignocaine hydrochloride (Inj. Xylocaine 2%, 1ml) into the first intercocygeal vertebral space. Since reduction of the gravid uterus through the tear in the vagina was not possible, it was decided to perform hysterotomy on the prolapsed gravid horn and sacrifice the fetuses to save the life of dam. Hysterotomy was performed through an elliptical incision on the dorsal uterine body and fetuses from both the uterine horns were extracted. Fetal membranes were partly removed to avoid bleeding following forced detachment. Uterine incision was sutured with chromic catgut (1-0) by Cushing followed by Lamberts' pattern. The prolapsed organs were washed with normal saline and the bladder was evacuated by compressing lateral

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Figure 1: Complete prolapse of gravid horns, bladder and intestines and its correction

walls with palm pressure. The hind limbs of the doe were lifted in order to facilitate the repositioning of the prolapsed organs. Obstetrical cream was applied sufficiently and the prolapsed uterus was reduced through the lacerated vagina by applying moderate pressure (Figure 1B). Following repositioning of the organs, vaginal mucous membrane and subcutaneous tissue were sutured by simple continuous suture using chromic catgut (1-0) approaching through the vulva (Figure 1C). Thereafter, tetanus toxoid (5Lf), multivitamins, cloprostenol (250 µg) were administered intramuscularly. Ringer lactate solution and a course of antibiotics were given for 3 days parenterally for preventing secondary bacterial infection. Although the animal had uneventful improvement from next day onwards, animal became weak from third day onwards and ultimately resulted in collapse of the patient.

True prolapse of gravid uterus and abdominal viscera through vaginal tear is rare in goat. Although precise etiology of the spontaneous rupture of vaginal wall in late pregnant small ruminant is still obscure, vaginal tear may be consequent to prior vaginal prolapse (Hanie, 2006; Noakes *et al.*, 2009). In this case, the vaginal tear and complications noticed is an outcome of vaginal prolapse

and severe straining in late gestation. The prognosis in such condition is guarded (Jackson, 2004). However, exercise and mineral supplementation during pregnancy can reduce incidence of vaginal tear.

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