POST CERVICAL UTERINE TORSION IN A BUFFALO FOLLOWED BY PROTRUSION OF LARGE INTESTINE THROUGH VAGINAL TEAR AND TOTAL UTERINE PROLAPSE

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ABSTRACT

A pluriparous full term buffalo with a history of colic, constant changing of position from sternal recumbency to standing and frequent straining with reduced feed intake for past two days was presented to the clinic. Upon vaginal and rectal examinations it was diagnosed as dystocia with post cervical right side uterine torsion of greater than 180┐ . The animal was subjected to modified Schaffers method and a live calf was removed on application of traction. Immediately after calf removal, prolapse of uterus from tear in caudal vagina occured. Suture of the vagina was done and prolapsed mass was replaced following normal procedure.

Key words: Buffalo, Post cervical Uterine torsion, Protrusion, Intestines, Vaginal tear.

INTRODUCTION

Torsion of uterus is defined as the twisting of the uterus on its longitudinal axis (Purohit et al., 2014). The pregnant uterus rotates about its long axis, with the point of torsion being the anterior vagina just caudal to the cervix (post-cervical torsion) and less commonly the point of torsion being cranial to the cervix (pre-cervical torsion). Faulty obstetrical procedure to handle a case of dystocia or uterine torsion may cause spontaneous rupture of either vagina or uterus which may lead to herniation or protrusion of various abdominal visceral organs through the tear (Chauhan et al., 2009). The combination of tissue relaxation with increased intra-abdominal pressure caused by pregnant uterus were considered as the main predisposing factors for prolapse of vagina and cervix (Reddy et al., 2014). The present study describes a clinical case of post-cervical uterine torsion followed by eversion of uterus and large intestines and its management.

HISTORY AND OBSERVATIONS:

A pluriparous buffalo with a history of severe straining, colic, constant changing of position from sternal recumbency to standing and reduced feed intake for past 24 hrs was presented to the clinic. The vital parameters like rectal temperature, heart rate, and respiratory rate were 38.2ºC, 72 bpm and 26 bpm respectively. There was reduction in the rumen motility, lymphadenopathy, congested mucus membranes, dehydration and defecation with scanty dung. Upon vaginal and per rectal examination the case was diagnosed as post cervical right side uterine torsion of greater than 180º.

TREATMENT AND DISCUSSION:

Animal was kept in right lateral recumbency and subjected to rolling by modified Schaffers method. After completion of the two rollings, a live female calf was removed by applying traction. After one hour of delivery, severe straining was noticed and uterine eversion along with cervix and vagina occurred instantaneously. Vaginal examination revealed a tear on caudal vagina through which large intestine also prolapsed (Fig.1). Before reducing the prolapsed uterus, large intestine was carefully replaced through the caudal vaginal tear and tear was sutured in continuous pattern with No.2 catgut.

The prolapsed uterus was washed with 1% Potassium permanganate solution and normal saline. Later pop-in-spray was sprayed on the uterine surface to reduce the oedema. Bladder was evacuated with catheterization and prolapsed mass was repositioned into pelvic cavity by applying 5% lignocaince gel and liquid paraffin as per standard procedure (Noakes et al., 2009). After complete treatment a rope truss was applied for retention. Postoperatively the buffalo was treated with Ceftriaxone inj (3 gms I.M. for 5 days), Intalyte (500ml, I.V. for 3 days), Calcium borogluconate (450 ml, I.V. on the first day), Tolfenemic acid inj (15 ml, I.M. for 3days), Anistamin inj (15 ml, I.M. for 2 days) and Intacal-IM @ 10 ml / animal thrice weekly for two weeks. Animal was closely monitored for three days and subsequently discharged after confirming non recurrence of prolapse.

Vaginal prolapse is a recurrent hereditary problem associated with hypocalcemia or forceful fetal extraction (kumar et al., 2014). Ceftriaxone was given to prevent any infection that might have occurred during handling or suturing vulva. In present case caudal vaginal tear in dam might be due to injury caused by fetus during forceful extraction. The hormonal alterations or changes taking place at last trimester of pregnancy is believed to be primary cause for prolapse especially oestrogen that causes relaxation of pelvic ligaments and surrounding soft tissue structures (Wolfe, 2009). Cervico-vaginal

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prolapse is a hereditary trait and due to nutritional imbalance contributing to prevalence of vaginal prolapsed. In present case, high levels of concentrate feed and hypocalcemia could have attributed to uterine prolapse.

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Figure-1: Buffalo with prolapsed uterus and intestines.