

POSTPARTUM VULVAL LIP HAEMATOMA AND ITS MANAGEMENT

IN NON-DESCRIPT DOE

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ABSTRACT

A case of postpartum vulval lip haematoma in a doe was presented in this paper.

Key words: Postpartum, Vulval lip, Haematoma, Doe.

INTRODUCTION

Vulval lip haematoma is a bleeding into the vulva in the area of the labia minora or majora. Occasionally the vulva, vagina or perineum can swell because blood is collecting under the skin similar to a bruise and if forceps are involved or the perineum has been stitched but there is a small blood vessel continuing to bleed and collecting under the stitches. A case of vulval lip haematoma and its management in non-descript doe is reported.

CASE HISTORY AND OBSERVATION

One year old, non-descript doe reported to Madras Veterinary College Teaching Hospital with a history of straining for past two hours. Vaginal examination revealed laceration of vulval lips and completely dilated cervix. On per vaginal examination, the foetus was in anterior longitudinal presentation, dorsosacral position and bilateral shoulder flexion with right side lateral deviation of foetal head. After correction of postural abnormalities five male foetus and other two live foetuses were delivered manually. Immediately after delivery of third foetus, haematoma developed in vulval lip region. Next five days the goat was treated with antibiotic, anti-inflammatory and antihistamine followed by smearing of magnesium sulphate and glycerine paste in vulval lip region. However, it could not be reduced and it looked like vaginal tumour and further continuous straining was noticed.

Fig. Vulval lip hematoma



The goat was prepared for surgical excision of hematoma under epidural anaesthesia. A 0.80 x 40 mm needle was directed cranioventrally until it touches the bony floor of the vertebral canal between the last sacral and first (moveable) caudal vertebrae. The needle was then withdrawn slightly and checked to be sure that blood cannot be aspirated. The anesthetic should flow easily if the needle is properly placed (Schwesig, 1986). The entire haematoma was removed by making 4 cm incision on vulval lip hematoma mass. The dead tissues were also removed surgically with scraping by using surgical blade and surgical excision site was closed by catgut No. 1/0 and skin closed by interrupted suture with non absorbable silk. Tetanus toxoid and postoperative treatment continued for seven days and goat recovered successfully.

TREATMENT AND DISCUSSION

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the bleeding vessels has to be identified and the wound closed with fine absorbable suture material. Vulval lip haematoma caused by excessive manipulation of birth canal at the time of dystocia handling was successfully treated surgically in the present case.

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The pregnant uterus, vagina and vulva have rich vascular supplies(Hartman, 1975)that are at risk of trauma during the birth process and trauma may result in formation of a haematoma. Most puerperal hematomas arise from bleeding and lacerations related to operative deliveries or episiotomy. However, a haematoma may also result from injury to a blood vessel in the absence of laceration or incision of the surrounding tissue (eg, pseudo aneurysm, traumatic arteriovenous fistula). Most of the haematoma will resolve spontaneously. Small hematomas can be controlled by applying pressure with an icepack or hot pack. The haematoma should be incised, the blood clot evacuated and actively bleeding vessels identified and ligated. The laceration should be debrided followed by irrigation with irritant solution, all