

PROLAPSE OF UTERUS AND ABDOMINAL VISCERA WITH VAGINAL TEAR IN A BUFFALO

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ABSTRACT

Prolapse of uterus and abdominal viscera with vaginal tear in a buffalo is reported.

Key words: Uterus, Vagina, Abdominal viscera, Buffalo

INTRODUCTION

Prolapse of the abdominal and pelvic viscera may occur at the time of parturition in farm animals (Roberts, 1971). A rare case of prolapse of uterus, cervix and abdominal viscera through a tear in the roof of vaginal fornix after manipulative delivery by per vaginam has been reported.

CASE HISTORY AND OBSERVATIONS

A pleuriparous non-descript buffalo was presented to the Veterinary College and Research Institute Hospital with the history of prolapse of abdominal viscera after delivery of a male dead fetus 12 hours before by obstetrical manipulation by a local veterinarian. The animal was in lateral recumbency and clinical examination of the animal revealed subnormal body temperature, cold extremities, pale and dry conjunctival mucous membrane with sunken eye balls indicating dehydration. Examination of the prolapsed uterine mass showed oedema and severe congestion. There was a 10 inch tear in the roof of the vaginal fornix through which the intestines, were prolapsed out. The peculiarity observed in this case was that the whole non-everted uterus with the serosa outside had prolapsed through the tear.

TREATMENT AND DISCUSSION

Attempt to reposition the prolapsed organs and repair the tear was futile and the buffalo could not survive. Roberts (1971) reported that rupture of the vagina may occur in any species due to prolonged dystocia with fetal emphysema, torsion of the uterus and improper

manipulation and traction on the fetus. Arthur *et al.* (1996) described that in ewes during late gestation, spontaneous rupture of the vagina occurs through which small intestines passes in to the vagina and protrude from the vulva. Similarly, Fox (1962) noted complete prolapse of the intact pregnant uterus through a rent in the vaginal roof. In this case, the rupture of the vagina might have occurred due to improper obstetrical manipulations and traction on the fetus to relieve the dystocia. Thorough examination of the genital tract should be done after manipulative delivery to assess any damage to the genital tract so that early remedial measures can be adopted to prevent complications.

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