

POST PARTUM UTERINE PROLAPSE IN A EWE

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ABSTRACT

A successful treatment of total uterine prolapse in a ewe is recorded.

Key words : Doe, Uterine prolapse

INTRODUCTION

Post partum uterine prolapse is common in bovines but its recorded incidence in small ruminants is sporadic. (Deka and Borgohain, 1979 and Baruah and Borgohain, 1996). It occurs immediately after parturition or sometimes several hours afterwards. The prognosis of total uterine prolapse depends upon prompt observation and early treatment (Roberts, 1971). The present report records a successful treatment of total uterine prolapse in a ewe.

CASE HISTORY AND OBSERVATIONS

A non-descript ewe, aged about four and half years was brought to the Veterinary Hospital at Sunguvarsatram, Kancheepuram (Dt), Tamil Nadu with the history of prolapse of the uterus which developed subsequent to lambing (one male and one female). Anorexia and frequent straining was also reported. The clinical examination of the animal revealed rectal temperature of 38.9°C and prolapsed uterus through external genitalia. Portion of placenta, dust and debris were adhered over the mass.

TREATMENT AND DISCUSSION

The ewe was stabilized by administering 500 ml of dextrose normal saline intravenously. The animal was given 2 ml of 2% Lignocaine hydrochloride epidurally to reduce the straining. The dust materials adhering to the uterine mass were removed by washing with running tap water. The placenta adhered over the endometrium was removed manually. The bladder was catheterized to drain the urine. Then the uterus was washed with saturated salt solution to reduce the edema. Later cetrimide cream was applied over the prolapsed mass

and the uterus was replaced in position by gentle pressure with hands. After replacement, vaginal examination was performed to ensure that the repositioning was total. To prevent its recurrence vulval retention suture was applied. To control secondary bacterial infection Inj Enrofloxacin @ 5 mg/kg was administered intravenously. Inj Meloxicam @ 0.5mg/kg (i/m), Inj Oxytocin 10 IU (i/v), 20 ml of 10% Calcium gluconate (i/v), and Chlorpheniramine maleate @ 1 mg/kg (i/m) were administered as supportive therapy. The antibiotic, anti inflammatory and anti histamine were continued for three days. The vulval retention sutures were removed on the third day and the animal recovered uneventfully.

The uterine prolapse occurs due to low calcium level, lack of exercise, exposure to estrogen, genetic pre-disposition or low plane of nutrition etc (Arthur *et al.*, 1989). The prognosis depends upon the extent of uterine lesions, promptness of treatment and the rate of involution of uterus.

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