

## Recurrent Vaginal Prolapse in a Crossbred Cow Due to Cystic Gartner's Ducts

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### ABSTRACT

A rare case of cystic Gartner's duct associated with recurrent vaginal prolapse and its management is reported.

**Key words:** Cystic Gartner's duct, Estrogen, Hormonal therapy, Vaginal prolapse

### INTRODUCTION

Gartner's ducts are vestiges of primitive mesonephric ducts and are two in number in cows. These ducts are located beneath the mucosa of the floor of vagina and are usually difficult to locate (Roberts, 1971). The present report in a crossbred cow pertains to a case of recurrent vaginal prolapse associated with cystic Gartner's ducts because of cystic ovarian disease.

A six year old normal cycling crossbred cow was presented with the history of first degree recurrent vaginal prolapse for the last one year. Vaginal exploration revealed eight cm long and three cm wide fluid filled ducts embedded in mucosa on the ventral part of vagina posterior to cervix diagnosed to be cystic Gartner's ducts (Figure). Rectal examination revealed follicular cyst on the right ovary.

The Gartner's ducts were aseptically incised to drain fluid following administration of epidural anesthesia (6 ml, 2% Lignocaine Hydrochloride). Ointment Soframycin was smeared in vagina. Parenteral antibiotics were also administered for four days. The follicular cyst was treated with Inj. Buserelin-Acetate (0.02 mg, intramuscular). Ten days later, the vagina was normal and without recurrence of cystic Gartner's ducts. The follicular cyst had abolished and two corpora lutea were palpated on right ovary and a developing follicle on left ovary. The cow was injected with Inj Cloprostenol Sodium (1 mg, intramuscular). The owner was advised to get the cow inseminated at induced estrus. The cow through rectal palpation at 60 days following insemination was found positive for pregnancy.

Cystic distension of Gartner's ducts due to high estrogen levels has been reported in cattle (McEntee and Olafson, 1953) or in animals which have had repeated parturitions and post-partum infections (McEntee, 1990). In the present case cystic Gartner's duct could be attributed to

follicular cyst being the source of high estrogens. High estrogens and constant irritation due to cystic Gartner's duct might have resulted in recurrent vaginal prolapse. Simultaneous hormonal therapy and surgical interventions led to successful recovery.



Fig. Vaginal wall showing fluid filled cystic Gartner's ducts.

### REFERENCES

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