Short Communication

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Management of Cervico-Vaginal and Rectal Prolapse in a Niang Megha Sow under Farm Conditions: A Case Report

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ABSTRACT

The present study deals with a case of cervico-vaginal and rectal prolapse, and its management in a Niang Megha sow. Treatment was carried out using potassium permanganate for washing, turpentine oil, local anaesthetics, antibiotics, analgesic and antihistaminics following repositioning of the prolapsed organs. A significant and uneventful recovery was observed.

Key words: Recto-cervico-vaginal prolapse, sow, maggot infection.

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INTRODUCTION

Prolapse of the uterus, cervix, vagina and combination of all these are observed in late gestation or immediately after parturition in every animal species. Vaginal and rectal prolapses are more commonly seen in swine when compared to other categories of prolapses (Supakorn *et al.*, 2017). The severity of the condition varies with the part of prolapsed organ, the amount of time elapsed, the condition of tissue involved and the clinical status of animal (Jahangir *et al.*, 2014). Prolapse of genitalia requires immediate medical attention as it is prone to mechanical injuries and is necessary to maintain the future reproductive performance of animals (Chutia *et al.*, 2020). Rectal prolapse is commonly observed in association with vaginal prolapse at the time of parturition. However, reports of genital prolapse at the time of estrous are very rare. The present case deals with cervico-vaginal prolapse in a purebred sow after estrus and insemination and its successful management with surgical intervention.

CASE HISTORY AND OBSERVATIONS

A 4-year-old sow in her 5th parity was presented with cervico-vaginal prolapse and a history of straining after insem-

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ination 3 days ago at the Livestock Farm, ICAR Research Complex for NEH Region, Umiam, Meghalaya. It was reported that initially the protruding tissues appeared between the lips of the vulva which gradually increased into a swollen mass involving the cervix and vagina (Figure 1). Clinical examination revealed a congested and edematous cervico-vaginal mass along with rectal prolapse. The animal was seen to be restless due to pain and had not taken food and water since the previous day.d uneventfully.

Fig. 1. A Niang Megha sow with rectal (upper) and vaginal (lower) prolapsed pre- and post-treatment

TREATMENT AND DISCUSSION

The animal was restrained in right lateral recumbency with intramuscular injections of Xylazine @ 1 mg/kg body weight and Ketamine @ 5 mg/kg body weight. First, the prolapsed mass was cleaned properly with potassium permanganate solution (1:1000) to remove the dust, dirt and soil. Then ice packs were applied to reduce the edematous swelling. On minute examination of the prolapsed mass, there was a maggot wound. So in the meantime turpentine oil cotton plug were kept in wound. After few minutes, the maggots were removed with the help of forceps. The rear part of the animal was elevated by placing a gunny bag filled with straw. After 20 minutes of ice pack application, the cervix and the vagina were gently replaced using petroleum jelly for lubrication pushing them back to their original position. The hand fist was kept inside the vagina for 3-5 minutes to retain and reposition the everted mass. Two sulphadimidine bolus (1.5 g each) were put in the uterus per vaginally to combat uterine infection. Purse string sutures with black braided silk thread were then applied to prevent the reoccurrence leaving space for urinary passage. Animal was treated with Inj. Ceftriaxone @ 25 mg/kg b.wt IV and Inj. Meloxicam @ 0.2 mg/kg b.wt, IM for 5 days and Inj. Chlorpheniramine maleate @ 0.5 mg/kg b.wt, IM for 3 days. It was advised to apply Himax ointment on suture bite externally daily for five days. The vulval sutures were removed after 10 days and the animal recovere

Prolapse of uterus, cervix, vagina or combination of all is an emergency, needs prompt treatment which otherwise may lead to severe lacerations and profuse haemorrhage and interference with the blood supply to the prolapsed tissue may eventually result in gangrene of the prolapsed genitalia (Joseph *et al*., 2001). The sow should be treated immediately as it develops hypovolaemic shock secondary to internal blood loss, prolapsed organ laceration, or abdominal viscera incarceration (Potter, 2008). The prolapsed mass in the present case was repositioned immediately after proper disinfection and reduction. Broad spectrum antibiotics were continued for five days to prevent uterine infection. The prevention of reoccurrence depends on complete and correct replacement of the genitalia and restoration of uterine tone (Nath *et al*., 2019).

CONCLUSIONS

The present study reported a case of cervico-vaginal and rectal prolapse, and its management in a Niang Megha sow.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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