

CASE REPORT

Postpartum Uterine Prolapse in a Goat and its Successful Management

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Postpartum uterine prolapse occurs in all animal species. It is most common in cows and ewe, less common in the doe and rare in the mare. It is an eversion of the uterus, which turns inside out as it passes through the vagina. Prolapse of uterus generally occurs immediately after or a few hours of parturition when the cervix is open, and the uterus lacks tone (Hanie, 2006). The prolapse is visible as a large mass protruding from the vulva, often hanging down below the animal's hock. The etiology of uterine prolapse is not yet fully known. Hormonal imbalance, hypocalcemia, mineral imbalances, injuries or stretching of birth passage, excessive traction at assisted parturition, dystocia or forceful removal of fetal membranes may contribute to the occurrence of prolapse (Hanie, 2006; Jackson, 2004). Animals with uterine prolapse should be treated promptly; otherwise, it may lead to edema, ischemia, laceration, internal hemorrhage (Noakes *et al.*, 2001), prostration, and shock making prognosis poor to hopeless. The success of treatment depends on the type of case, the degree of damage, and contamination. The present case highlights the successful management of postpartum uterine prolapse in a goat.

CASE HISTORY AND CLINICAL OBSERVATION

A two years old second parity nondescript goat was presented to Veterinary Clinical Complex of the College with the history of uterine prolapse following normal kidding of 2 kids 24 hours before. The prolapsed uterus was injured, swollen, edematous and contaminated with dung and wheat straw. The prolapsed mass had numerous bleeding points and had lacerations (Fig. 1). The vaginal wall was tense, edematous, swollen, thicker and bluish pink in appearance. The goat was dull, depressed and anorectic with body temperature of 105° F, heart rate 120/minute and respiration rate 74/minute.

TREATMENT AND DISCUSSION

The epidural anesthesia was induced by infiltration of 2 mL of 2% xylocain into the first inter-coccygeal space. The vulva and perineal region was cleaned thoroughly with a soap solution. The prolapsed mass was washed thoroughly with chilled water containing potassium permanganate followed by flushing with metronidazole solution (Singh *et al.*, 2011) and was lifted to the level of an ischial arch to evacuate urinary

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bladder by catheterization. Necrotic debris was removed. The animal was then placed on sternal recumbency, and the two hind limbs were pulled outward. The prolapsed mass was lubricated with xylocaine gel and replaced into a normal position by gentle pressure and pushing back both the horns completely. Horizontal mattress suture using nylon size 0 was



Fig. 1: Postpartum uterine prolapse in a goat

placed in the vulva as a retention technique. The animal was administered with injections Mifex 50 mL i/v and Oxytocin 10 IU i/m. Further injections Ceftriaxone 500 mg, Melonex 3 mL, Anistamin 3 mL, and Tribivet 3 ml were given i/m once a day for 3-5 days. The owner was also advised to apply Wisprec cream on the suture line for preventing maggots and infection. The animal made uneventful recovery within 3 days, and the vulvar retention suture was removed on day 7.

Prolapse of the uterus normally occurs during the third stage of labor after the fetus has been expelled, and the fetal cotyledons may or may not have separated from the maternal caruncles (Noakes *et al.*, 2001). Retention of the prolapsed mass is most important to prevent trauma. Acaudal epidural anesthesia helps easy repositioning of prolapsed mass and to relieve tenesmus by desensitizing sensory, motor and automatic nerves (Rai and Prabhakar, 2000). Complete reposition of both the uterine horns is important in either standing or recumbent position to avoid further abdominal straining and recurrence of prolapse (Hanie, 2006; Fubini and Ducharme, 2006). Oxytocin 10 IU i/m immediately on the reposition of prolapse increases the uterine tone. Uterine atony caused by hypocalcemia was treated with parenteral calcium borogluconate. Supplementary treatment with Meloxicam injection as an anti-inflammation, analgesic and antibiotics to prevent secondary bacterial infection are important in such cases (Borobia Belsue, 2006). Lignocaine gel was applied to the prolapsed mass for lubrication as well as for anesthetizing the prolapsed mass (Singh *et al.*, 2011). Wachida and Kisani (2011) also advocated a similar line

of treatment as we adopted but with additional injection Dexamethasone for successful management of uterine prolapse in a doe.

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