

RECTO-CERVICO-VAGINAL PROLAPSE AND ITS CLINICAL MANAGEMENT IN A MEHSANA BUFFALO

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ABSTRACT

The present communication places on record the clinical management of recto-cervico-vaginal prolapse in a Mehsana buffalo.

Keywords: buffalo, *Bubalus bubalis*, recto-cervico-vaginal prolapse, rope truss

INTRODUCTION

Prolapse of genital organs is a common reproductive problem which adversely affects overall performance of the affected animal. Samad *et al.* (1987) reported the incidence of genital prolapse as 42.9% among various obstetrical problems in buffaloes. Although, the prolapse of various elements *viz.* vaginal, cervico-vaginal, uterus and rectum has been reported in buffaloes (Sah and Nakao, 2003; Singh *et al.*, 2011; Kumbhar *et al.*, 2009 and Patil *et al.*, 2011), the cervico-vaginal prolapse together with prolapsed rectum is a rare disorder. Therefore, the present communication reports a rare case of recto-cervico-vaginal prolapses in a Mehsana buffalo with its successful clinical management.

CASE HISTORY AND CLINICAL OBSERVATIONS

A five-year-old Mehsana buffalo was presented with the history of severe straining for the previous two days. Further, it was reported to have repeated the same at 15 day intervals on three prior occasions. Moreover, the animal was reported to have parturated normally three months before, and the afterbirths had been expelled within six hours postpartum. There was no breeding history and the animal was apparently healthy. Clinically, a baseball-sized soiled, oedematous vaginal part and a coconut-sized rectal mass (Figure 1) was found to be prolapsed. The animal was straining so severely that each time, the perineum touched the ground with expulsion of a small quantity of faeces and muco-purulent discharge. Accordingly, the case was diagnosed to be severe endometritis leading to recto-cervico-vaginal prolapse, and it was decided to treat medicinally.

TREATMENTS AND DISCUSSION

The animal was secured in the traxis to achieve caudal epidural analgesia using 5 ml 2% lignocaine hydrochloride solution. Following washing of all the integuments with a mild

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antiseptic solution and application of liquid paraffin, the prolapsed masses were replaced manually. Thereafter, the vaginal douching was performed with mild potassium permanganate solution and the rope truss was applied (Figure 2) for retention and to prevent recurrence. Parenterally, Inj. Intacef 3 gm, Inj. Meloxicam 20 ml and Inj. Chlorphemaramine maleate 10 ml were given besides intra-uterine infusion of Inj. Oxytetracycline 20 ml diluted in 20 ml of distilled water and it was recommended that this continue for the next five days. The rope truss was removed after three days. The animal had an uneventful recovery, and no further recurrence was reported.

Cervico-vaginal prolapse is a most common reproductive disorder of ruminants, usually in the late gestation period, and can be recognized by the protrusion of varying parts of the vaginal wall and cervix through the vulva (Arthur *et al.*, 2001). It is considered to be the major problem causing heavy economic losses to the farmers (Khan *et al.*, 1984). Around 65% of Nepali buffaloes expressed vaginal prolapse at the last trimester (Sah and Nakao, 2003). However, postpartum prolapse of genital organs accounts for about 22 percent of the total reproductive disorders in buffaloes (Pandit

et al., 1982). The main goal in the treatment of uterine prolapse is the replacement of the organ at its original place followed by a method to keep it in the retained position and to clear the basic etiology of the condition. In the present case, no difficulty was encountered for replacement of either of the prolapsed masses, and caudal epidural analgesia using 5.0 ml 2% lignocaine hydrochloride solution was found enough to decrease straining and desensitize the perineum. Likewise, application of the rope truss to exert pressure on the sides of the vulva and simultaneous use of parenteral and intra-uterine antibiotic therapy respectively helped in retention and removal of possible infection of the prolapsed elements. Kumbhar *et al.* (2009), Mudasir *et al.* (2009) and Dharani *et al.* (2010) also successfully managed the genital prolapses in buffaloes by antibiotic therapy and application of rope truss.

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Figure 1. Prolapsed recto-cervico-vaginal mass.



Figure 2. Retention of prolapse by rope truss.

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