MANAGEMENT OF A SEVERE POST-PARTUM VAGINO-CERVICAL PROLAPSE IN A GRADED MURRAH BUFFALO WITH RENAULT’S TRUSS AND ANTIBIOTIC THERAPY

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ABSTRACT

A parous graded Murrah buffalo was brought to the Teaching Veterinary Clinics, C.V.Sc., Tirupati with severe cervico-vaginal prolapse lacerated on the ventral side of the mass. The animal was treated as per the procedure, and the lacerated area was closed with continuous Lembert and horizontal mattress using chromic catgut (No.3). Then the mass was reduced and replaced into its normal position. To prevent the recurrence, a rope truss was applied on the animal. The buffalo was treated with antibiotic and anti-inflammatory drugs as per recommended dose. After treatment, the animal recovered uneventfully.

Keyword: rope truss, vaginal prolapse, post partum, cervical prolapse, buffalo

INTRODUCTION

Prolapse of the vagina is an important maternal abnormality in cattle and buffaloes. It was observed most commonly in 2 to 3 months of gestation (Arthur et al., 1989). Sha and Nakao (2003) reported around 65% of Nepali buffaloes expressed vaginal prolapse at the last trimester. The incidence of post partum prolapse after 48 to 72 h was rare (Roberts et al., 1971). Chauhan et al. (1967) reported a case of post partum prolapse of vagina in a female buffalo; the exact etiological factors for prolapse had not been ascertained. Jacono and Robertson (1987) reported a negative correlation between the serum calcium, phosphorus and estrogen levels. The increased level of estrogen during third trimester of pregnancy may result in greater relaxation of pelvic structures and the decreased level of calcium can lead to reduced vaginal and uterine muscle tone which predisposes the animals to vaginal prolapse (Roberts, 1986) whatever may be the cause treatment is the most important area to veterinarians, should concentrate for better results. The treatment should be hygienic and should not affect the future breeding life of the animal. Early detection and prompt treatment may be imperative to control the vaginal prolapse in buffaloes (Sha and Nakao, 2003).

CASE HISTORY AND OBSERVATION

A parous Murrah graded buffalo brought to the Teaching Veterinary Clinics, C.V.Sc., Tirupati with the history of vagino-cervical prolapse 3 days after normal calving with out retained placenta and the mass was tear on ventral side (Figure 1). Animal did not take feed and water and did not micturate normally. The buffalo had a 101°F body temperature and congested conjunctival

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mucous membrane. Appearance of the animal was dull without rumination. On gynaeco-clinical observation, the prolapsed mass was dry, stained with dung, congested, inflamed, edematous and lacerated around 20 cm, on the ventral side of the mass.

**TREATMENTS AND DISCUSSION**

The animal was restrained in standing position followed by epidural anesthesia in sacro-coccygeal space with 2% lignocaine. Then, the necrosed tissue, and dung were completely removed from the mass with mild antiseptic (1:1000 potassium permanganate) solution. The urine was drained by raising the prolapsed mass above the ischial arch (Figure 2). By massaging with warm saline water edema was reduced (Figure 3). The lacerated area was closed with continuous Lembert sutures and horizontal mattress using chromic catgut (No. 3). Before the end of the suture AC Vet max, 4 gm (Ampicillin 2 gm+cloxacillin 2 gm) powder was poured inside the lacerated area. After completion of suture, the mass was reduced and replaced into its normal position as per procedure explained by Roberts *et al.* (1971) and Kumbhar *et al.* (2009). To prevent the recurrence, Renault’s rope truss described by Renault was applied on the animal (Craig *et al.*, 2000 and Kumbhar *et al.*, 2009). The truss exerted pressure upon the sides of the vulva and kept it closed, without interfering with defecation or micturition (Craig *et al.*, 2000).

Gram negative anaerobes and other facultative pathogens including *Arcanobacterium pyogenes* are important pathogens that cause severe uterine inflammation. Azawi *et al.* (2007) reported around 2.4% buffaloes with vaginal prolapse were

Figure 1. Vagino-cervical prolapse with lacerated wound on the ventral side of the mass.  
Figure 2. Releasing of urine by raising the mass above or nearer to ischial arch.
The buffalo was predisposed to uterine infections. The buffalo was treated with 0.5% dextrose (200 ml) i/v, Inj. Calcium borogluconate (200 ml) i/v, Ampicillin 2 gm + cloxacillin 2 gm (Ac vet max-4 gm) i/m BID for the first 3 days and SID for the next 2 days, Inj. Chlorphenaramine maleate 0.4 to 0.5 mg / kg bw, once daily for 5 days, by IM, Inj. Melonex 0.5 mg/kg b.wt, i/m SID for 3 days with advise of oral administration of cyclomin-7 (4 boluses) once in two days. Lower calcium (Mandali et al., 2002 and Ahmed et al., 2005), lower phosphorus and higher magnesium (Akhtar et al., 2008) concentration were observed in buffaloes suffering from vaginal prolapse. Among micro minerals, serum copper and zinc were lower in prolapsed buffaloes (Bhatti et al., 2006). The animal showed excellent response to the treatment. Straining of the animal was gradually reduced and ceased after 96 h. The rope truss was removed after completion of 5 days of treatment. The animal recovered uneventfully.

**CONCLUSION**

It was observed that the hygienic handling, proper management and treatment should definitely prevent further reproductive tract damage and aid in quick recovery.

**REFERENCES**


