SPONTANEOUS EXTRUSION OF THE INTESTINES AND UTERUS AS A SEQUELAE TO VAGINAL PROLAPSE IN A BUFFALO HEIFER: A CASE REPORT

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CASE HISTORY AND CLINICAL OBSERVATIONS

A primiparous buffalo at the eighth month of gestation was brought to the Veterinary Dispensary with a history of recurrent vaginal prolapse over 2 days. The animal had been previously treated for mild vaginal prolapse during the sixth month of gestation. On clinical examination, the animal was dull and showed severe abdominal straining with prolapsed vagina about the size of a football. The physical examination of the prolapsed mass revealed a soiled, congested and abraded vaginal mucous membrane.

TREATMENTS AND DISCUSSION

Under epidural anesthesia, the prolapsed vagina was repositioned into the pelvic cavity as per the procedure described by Roberts (1982). Follow up therapy included administration of Inj. Enrofloxacin 15 ml intramuscularly, Inj. Chlorphenaramine maleate 10 ml intramuscularly, Inj. Dicycloamine 15 ml intramuscularly and supportive therapy with calcium and phosphorous supplementation. As the condition was prepartum retention of the prolapse was achieved by application of rope truss.

ABSTRACT

The present communication places on record clinical management of a case of spontaneous rupture of vagina with herniation of intestines and uterus as a sequelae to prolapse of vagina and abortion in a buffalo heifer.

Keywords: vaginal prolapse, vaginal rupture, extrusion of intestines, extrusion of uterus, abortion

INTRODUCTION

In bovines, the vaginal wall can rupture due to birth of a fetus with long extremities, maldispositions, sharp bony prominences of the fetus, perivaginal fat, emphysematous fetus and in a few cases spontaneous rupture can occur due to unknown reasons (Roberts, 1982). Extrusion of the intestine through the ruptured vaginal wall has been reported in sheep while reports in buffaloes are limited (Babu Rao and Veeraiah, 1998). The present communication reports a spontaneous rupture of vagina with herniation of intestines and uterus as a sequelae to prolapse of vagina and abortion in a buffalo heifer.

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However, 6 h after therapy the animal showed severe abdominal straining that revealed prolapsed vagina and a fully dilated cervix with fetal parts. Under epidural anesthesia, the aborted fetus was removed by mild traction that resulted in straining and extrusion of intestines and the entire uterus through a longitudinal tear in the right dorso-lateral wall of the vagina (Figure 1). The extruded intestine and uterus were washed with normal saline and repositioned back into the abdominal cavity through the tear that was closed by continuous sutures with chromic catgut no. 2 under epidural anesthesia. Further, the occurrence of prolapse was prevented by application of Buhners sutures as per the procedure described by Noakes et al. (2001). Post-operative care included administering antibiotics, antihistaminics, antispasmodics, mineral supplementation for 7 days and the animal was managed on epidural anesthesia to minimize abdominal straining along with other managemental practices. The animal had uneventful recovery by the tenth day after initiation of the therapy.

In the present case, the traumatized and congested mucous membrane of the prolapsed vagina might have been responsible for excessive uterine and abdominal contractions which might have initiated the abortion (Noakes et al., 2001). Other causes that might have been responsible for abortion include hormonal imbalances, urinary tract infections, excessive pelvic fat, lack of exercise, and genetic and some unknown factors. The spontaneous rupture of the vaginal wall and extrusion of intestines and uterus might have been due to strong abdominal contractions on a weak traumatized vaginal wall which might have been torn by the bony prominences of the fetus or dam (Roberts, 1982; Dhaliwal et al., 1991).

Figure 1. Showing the extrusion of intestines and uterus through the vaginal tear in an aborted buffalo heifer.

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REFERENCES


