TWO CASES OF VAGINITIS AS A CAUSE FOR VAGINAL PROLAPSE IN BUFFALOES

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ABSTRACT

Vaginitis is one of the rarely reported causes for vaginal prolapse. This report narrates successful clinical management of prepartum vaginal prolapse due to severe vaginitis in two graded Murrah buffaloes with injection ceftriaxone and injection Diclofenac sodium. The recovered animals calved 7 to 10 days after treatment without complications.

Keywords: Murrah buffalo, vaginitis, vaginal prolapse, prepartum prolapse

INTRODUCTION

The incidence of vaginal prolapse is more common in buffaloes than bovines. Based on parity, the occurrence is greater in pluriparous than primiparous buffaloes. The exact etiology has not been fully ascertained but several factors like hereditary, pregnancy associated changes viz., relaxation and sinking of perineal structures, irritation in urogenital passage (vaginitis, urethritis etc.) perivaginal fat, nutritional deficiencies and managemental practices are generally believed to play a role (Craig et al., 2000; Noakes et al., 2001). The literature on vaginitis as a factor for vaginal prolapse is very scanty. This report narrates the clinical management of vaginitis in two buffaloes.

CASE HISTORY AND CLINICAL OBSERVATIONS

Two parous graded Murrah buffaloes near full term in a commercial dairy farm were affected with prepartum genital prolapse. Buffalo 1 had the history of severe frequent strained and prolapsed vagina for the past few days. The animal was not urinating normally but was dribbling continuously. On observation, the buffalo was found prolapsing vagina whenever it strained. The frequency of straining was quite high and at almost regular intervals of 15-20 minutes. The vagina was severely congested, inflamed, ulcerated and the external urethral orifice was congested (cherry red) and blocked with whitish tissue debris (Figure 1). After removal of whitish tissue, which was around 10cm length, blood mixed urine gushed out from the bladder. The vulva was relaxed and edematous. Buffalo 2 was reported with severe straining and protrusion of vagina. On observation, the signs were similar to those of Buffalo 1; however, ulceration in the vaginal mucosa and urethral involvement were absent.
CLINICAL MANAGEMENT

Based on clinical observations the precipitating cause for prolapse was diagnosed as vaginitis in these two buffaloes with urethral infection in Buffalo 1. In both buffaloes, under epidural analgesia, the prolapsing mass was hygienically washed with potassium permanganate 1:1000 solution. They were treated with ceftriaxon 10 mg/kg body weight i/v for 7 days and Diclofenac 1 mg /kg body weight i/m for 3 days. The frequency of straining started declining within 2-3 h and disappeared 12 h later. They recovered uneventfully. It was reported that the buffaloes calved 7 to 10 days later without complications.

DISCUSSION

During last trimester of pregnancy, particularly near towards full term, perenial structures are relaxed due to the changes in circulating hormone profiles; the vestibular vagina is exposed to the environment and thus attracts ascending infections. In addition, the immunosuppressive property of progesterone up regulates the action of microorganisms and gives opportunity to non-pathogenic, bacteria too to become pathogenic producing infection and inflammation in vagina (Azawi, 2008). Infection induced inflammation releases histaminic substances, causing severe irritation that causes the animal to strain (Sharma et al., 1977). The degree of straining depends on nature and severity of inflammatory condition. In severe cases, animal develops tenesmus and prolapses vagina (Noakes et al., 2001). Similar mechanism might hold good in the present cases. Ceftriaxone, the third generation cephalosporin, is known to be quite effective against uro-genital infections. Diclofenac, a non-steroidal anti-inflammatory drug, reduces inflammation and thereby reduces tenesmus. In the present cases, the combination of antibiotic and non-steroidal anti-inflammatory drugs might have helped in resolving infection and inflammation and resolved the problem of vaginal prolapse.

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REFERENCES


