SUCCESSFUL MANAGEMENT OF A THIRD DEGREE VAGINO-CERVICAL PROLAPSE AND RUPTURED VULVAL LIPS IN A NON-DESCRIPT BUFFALO

S. Manokaran, M. Palanisamy, M. Selvaraju, R. Abinaya Selvi, K. Ravikumar and R. Ezakial Napolean

INTRODUCTION

The vagino-cervical prolapse usually involves the prolapse of the floor, lateral walls along with roof of the vagina through the vulva which moves the cervix and uterus caudally. It occurs usually during last 2-3 months of gestation when a large amount of estrogen is secreted from the placenta (Roberts, 1971; Arthur et al., 1996). The available records report that the early attention and treatment of vagino-cervical prolapse leads to prompt recovery with few complications. But in delayed or neglected cases due to the prolonged exposure of the prolapsed mass, the mucus membranes become contaminated and necrotic; the accumulation of urine, inflammation and edema increases the size of the mass to an irreducible size; and also due to the pain, straining and movement of the animal, multiple tears and lacerations are inevitable, which further aggravates the condition and it becomes a third degree vagino-cervical prolapse. Apart from this, the adjacent structures like vulval lips and perineal region are also affected. The present report records a management and successful treatment of such a third degree vagino-cervical prolapse and tear in vulvar lips in a non-descript buffalo.

CASE HISTORY AND CLINICAL OBSERVATION

A non-descript 8-month-pregnant buffalo aged 4 years was brought to the Veterinary College and Research Institute Hospital Campus, Namakkal with the history of vagino-cervical prolapse since the previous evening. The animal was treated by a local veterinarian and referred to our Hospital. On external examination it was possible to visualize a third degree vagino-cervical prolapse with tears and lacerations on the ventral floor and lateral walls of the vagina (Figure 1). It was also observed that the vulvar lips had torn on the inner side with severe lacerations and necrosis. The cervical plug was intact. The animal was showing severe and continuous straining.

Department of Animal Reproduction, Gynaecology and Obstetrics, Veterinary College and Research Institute, Namakkal, Tamil Nadu, India
Figure 1. Vagino-cervical prolapse with multiple tears and lacerations.

Figure 2. Scarification of necrotic tissue in the ruptured vaginal wall before suturing.

Figure 3. Vaginal tear after suturing with catgut.
TREATMENT AND DISCUSSION

The animal was given epidural anaesthesia (2% Lignocaine, 5 ml). The prolapsed mass was cleaned with normal saline and with 10 liters of 0.1% potassium permanganate solution. The urinary bladder was emptied by lifting the mass and with the use of urinary catheter. After the removal of urine, the size of the prolapsed mass was greatly reduced. The tear in the vaginal wall was scarified with a BP blade (Figure 2) and the edges were sutured with No.2 chromic catgut (simple continuous suture) (Figure 3). The mass was again washed with normal saline mixed with povidone iodine and lubricated with cetrimide cream. The prolapse was reduced by manual pushing and replaced to its original position. The tear and lacerations found in the vulval lips were repaired with No.2 chromic catgut using a simple continuous suture. Since the animal was showing continuous straining, the vulval retention suture was applied with a Gerlach needle. The animal was administered inj 5% dextrose normal saline (3 lit., I/V), inj streptopenicillin (5 gm, I/M), inj chlorpheniramine maleate (225 mg, I/M), inj meloxicam (150 mg, I/M) and inj vitamin B-complex (10 ml, I/M) and the same treatment was continued for 3 days. The straining was reduced and the feed intake became normal after the continuous treatment. The animal was discharged from the hospital after 3 days. The buffalo delivered a live male calf after 2 months.

Except in extremely severe cases of vagino-cervical prolapse, the prognosis is fair to good for both the dam and fetus but always there is a chance for recurrence during next pregnancy unless proper preventive measures are implemented (Arthur et al., 1996). In the present case, the vaginal floor and lateral walls of the vagina were severely damaged along with the tears, lacerations and necrosis in the vulvar lips. The vagina was minimally handled during the treatment and reunion was done appropriately with catgut which aided in early recovery and normal calving.

REFERENCES

