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Successful management of uterine prolapse in a doe

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Abstract

A multiparous non-descript goat was presented with history of parturition prior to 5 days and protrusion of genitalia from vulva since last evening. By clinical observation, case was diagnosed as a uterine prolapse and treated accordingly. Uneventful recovery was found following treatment.

Keywords: doe, goat, parturition, uterine prolapse

Introduction

Incidence of uterine prolapse is higher in cow but less in sow and ewe and rare in mare and bitch, which generally occurs within a few hours after a parturition; however, in some animals, it may observe a few days later also (Noakes *et al.*, 2008) [4]. The uterine prolapse compresses the uterine arteries and veins, impairing blood circulation which rapidly increasing uterine fragility and may lead to necrosis of tissue within a few hours (Balasopoulou, 2026) [5]. So, post-partum total uterine prolapse is considered as an obstetrical emergency and life-threatening condition in animals (Simoes, 2026) [6].

Case History and Observation

Four-year-old non-descript doe in her 3rd parity was presented with partial eversion of uterine horn from vulval opening (Fig.1) since last evening. The animal was delivered three kids (one live and two dead) before five days and brought to Veterinary Clinical Complex, Navsari, Kamdhenu University, Gujarat with post-partum complication of uterine prolapse. The goat was apparently healthy and was in standing position. On the day of presentation animal was alert and active with soiled prolapsed mass, severe abdominal straining, frequent micturition with a small amount of urine and normal rectal temperature (102.5 °F). On the basis of history and clinical observation, the case was diagnosed as post-partum uterine prolapse and treated accordingly.

Treatment and Discussion

Prior to reposition, hairs of perineal region and base of tail were clipped and caudal epidural analgesia was achieved by injecting 2% lignocaine hydrochloride solution @ 1.0 ml at 1st inter-coccygeal space (Fig.2). Following washing of entire prolapse mass and adjoining area by mild potassium permanganate solution, pop-in spray was sprayed on exposed genitalia. Thereafter, animal was restrained in standing position with slightly elevated rear quarter and prolapsed mass was manually replaced and positioned at its normal place. Bolus Oripri-U® @ 2 boluses were placed intra uterine. To prevent recurrence of prolapse, vulval retention suture (Fig.3) using fish net with sterile rubber vial caps was applied as recommended by Singh *et al.* (2011) [1] and daily antiseptic dressing was advised. Injection tranexamic acid @10.0 mg/kg b.wt. was given intramuscularly just after replacement to prevent bleeding. To prevent further complications, long-acting enrofloxacin @7.5 mg/kg b.wt., meloxicam @0.5 mg/kg b.wt. and chlorpheniramine maleate @1.0 ml injected intramuscularly as supportive therapy.

Tablet Utrovet® @ 10 tab. BID P.O. and laxative diet was advised for next 10 days. Retention suture from vulvar lips was removed after 3 days. After removal of suture (Fig.4), there was no any uterine discharge and absence of straining with normal feeding and micturition.

Uterine prolapse has been reported in all species of animal, most commonly seen in pluriparous animal (Noakes *et al.*, 2008) [4]. The common complications of uterine prolapse may be haemorrhages, shock, septic metritis, decreased milk yield, sucking problems, infertility or death. Complete reposition of both the uterine horns is important in either standing or recumbent position to avoid further abdominal straining and recurrence of prolapse (Singh *et al.*, 2020) [2]. In delayed cases, interfere with blood supply to prolapsed tissue may lead to edema and necrosis (Velladurai *et al.*, 2016) [3]. Apart from this, partial contraction of cervix interferes with repositioning, resulting in reoccurrence of prolapse (Singh *et al.*, 2011) [1]. So, uterine prolapse is considered as an emergency case and any delay in treatment may cause death due to shock. In present case, the doe was successfully recovered without any recurrence

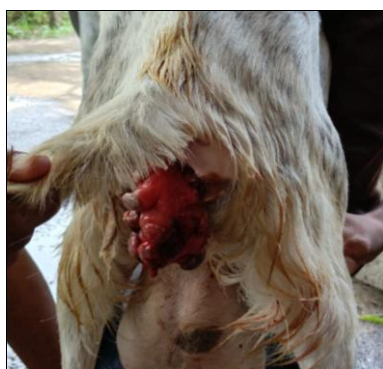


Fig 1: Prolapsed mass



Fig 2: Epidural analgesia site



Fig 3: Retention suture with rubber vial caps on vulval flap



Fig 4: After suture removal

Conclusion

Post-partum uterine prolapse is a life-threatening obstetrical emergency which requires immediate veterinary intervention to prevent severe complications. Epidural analgesia, cleaning and repositioning of prolapse mass and vulval retention sutures are essential for successful management. Supportive therapy with antibiotics, anti-inflammatory and intrauterine medication further improves recovery and minimises the risk of secondary infection and recurrence. In the present case, timely intervention and comprehensive post-operative care resulted in complete recovery of the doe without any complications. This case highlights that early treatment can have a favourable prognosis when managed appropriately using standard techniques and adequate supportive treatment.

Conflict of Interest

Not available

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Not available

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