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CASE REPORT

THERAPEUTIC MANAGEMENT OF PRE-PARTUM VAGINAL PROLAPSE IN A JERSEY CROSSBRED COW (*BOSTAURUS*)

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ABSTRACT

One 8 months pregnant Jr x cow, approximately 300 kg body weight was brought by a farmer of Khanapara area with occurrence of prepartum prolapse. On examination, the vagina was found everted out with irregular tenesmus exhibited by the cow. The exposed part was enlarged, reddish pink and lacerated. Following epidural anaesthesia (Lox 2% @ 6ml Intra-coccegeally) the organ was thoroughly cleaned and disinfected with acriflavin solution (1:1000). Urinary bladder was evacuated using urinary catheter. After applying Lorexane ointment topically, the vagina was placed in situ manually. One "loop" suture was applied for one week to close temporarily the vulva. A course of antibiotic (Oxyvet LA @30ml IM repeat after 72 hours), antihistaminic (Avil @15ml IM x 5 days) and Progesterone (P-Depot @2.5ml IM at three days interval) was given as post operative care. The cow delivered successfully a male live foetus after 5 days of correction. No postpartum complication was observed. After normal puerperal period the cow conceived successfully.

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INTRODUCTION

Vaginal prolapse occurs most commonly in heavy dairy cattle before calving, usually in the last trimester of pregnancy (Roberts, 1971). The pressure and weight of the gravid uterus, severe straining at recumbent position to expel manure, unnoticed mild prolapse with slight irritation and calf's head or feet inside the pelvic canal causing tendency to strain may be certain factors of the incidence (Prevention And Treatment Of Cow Prolapse | Health content ... beefmagazine.com > Health). Increased intra-abdominal pressure associated with increased size of the pregnant uterus, intra-abdominal fat, rumen distension superimposed upon loose tissue structures in the pelvic canal and perineum mediated by increased circulating concentrations of estrogens and relaxin during late pregnancy are also certain predisposing factors of pre-partum vaginal prolapse (www.merckvetmanual.com /... [prolapse/overview_of_vaginal_and_cervic..](http://www.merckvetmanual.com)). Conversion of pre-partum prolapsed organ from orange to hand-ball size creates severe difficulty in urination, compress blood circulation, and exposure to exogenous infection may be life threatening and cause degradation of the reproductive health in the subsequent lactation.

Therefore, therapeutic management of a case of pre-partum vaginal prolapse in a crossbred Jersey cow is presented here.

History and observation

One 3rd lactating 8 months pregnant jersey crossbred cow (*Bos Taurus*), approximately 300 Kg body weight, bearing good health suddenly suffered vaginal prolapse. There was mild laceration in the exposed vagina. Cervical seal was intact. The cow exhibited straining intermittently at frequent intervals. The everted mass was like a round big hand-ball size and reddish pink in colour (Fig1.).

Treatment and discussion

Before handling the case Lignocaine Hydrochloride (Lox 2% @ 6ml Intra-coccegeally) was given as single injection. At the very outset the prolapsed part was cleaned with tap water thoroughly. After removal of dirt and dung the exposed organ was washed with disinfectant solution (acriflavin @1:1000). Contamination causes irritation leading to inflammation and infection (Prevention And Treatment Of Cow Prolapse | Health content ...beefmagazine.com > Health). Lorexane ointment was topically applied over the exposed vaginal area. Urine was evacuated using urinary catheter. The bladder hinders replacement of the prolapsed vagina unless it is drained first.

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Bladder may even rupture with potentially fatal consequences (www.merckvetmanual.com/...prolapse/overview_of_vaginal_and_cervic). Moreover, sufficient space is preoccupied by the enlarged urinary bladder. Finally, the prolapsed part was placed *in situ* manually. One “loop” suture (Buhner’s technique) was applied on skin area to close temporarily the vulva to prevent recurrence.



Fig. 1. Reddish-pink hand-ball size pre-partum vaginal prolapse

The sutured area was daily dressed for one week with Betadine (@ add libitum) ointment. A course of antibiotic (Oxyvet LA @30ml IM repeat after 72 hours), antihistaminic (Avil @15ml IM x 5 days) and Progesterone (P-Depot @2.5ml IM at three days interval) was given as post operative care. The cow delivered successfully a male live foetus after 5 days of correction. She was found recovered normally with no recurrence till one month after parturition.

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