Himachal Journal of Agricultural Research 49(2): 276-278 (2023)

Short Communication

Management of cervico- vaginal prolapse in Murrah graded buffalo under field conditions - A case report

Manjeet Kumar
Department of Animal Husbandry
Veterinary Hospital, Thill, District Kangra-176 055, India.

*Corresponding author: dr.manjeet.13@gmail.com
Manuscript Received: 11.11.2023; Accepted: 29.11.2023

Abstract

A 5 year old, recently calved (20 days back), primiparous Murrah graded buffalo was presented with history of prolapse since last one day. Animal was off-fed, hypothermic (99°F) and exhibited continuous straining. Repositioning of prolapsed mass followed by therapeutic management with calcium borogluconate, antibiotics, anti-inflammatory, anti-allergic, multivitamin and minerals yielded uneventful recovery within 3 days.

Key words: Cervico-vaginal prolapse, Murrah buffalo

Eversion of the vagina and cervix from the vulva is commonly referred to as cervico-vaginal prolapse. This is one of the major obstetrical complication which can adversely affect the reproductive performance of buffaloes viz. abnormal and delayed postpartum estrus, poor conception rate and increased inter calving interval (Sachan *et al*. 2019). Cervico- vaginal prolapse usually involve protrusion of the portion of the floor, lateral walls and roof of vagina through vulva along with the cervix and uterus, moving caudally. It is seen in all species of domestic animals, but commonly in the cattle and buffaloes (Arero 2022). Early attention and treatment of cervico-vaginal prolapse leads to prompt recovery without much complication. In delayed or neglected cases, vaginal mucus membrane become contaminated and necrosed, inflammation and edema increases the size of the prolapsed mass. This disorder is most commonly seen after parturition or last few weeks of pregnancy. The exact cause of this disorder is not fully known as it can occur due to various factors. The most common causes are; increase in intra-abdominal pressure during pregnancy, hypocalcemia, hormonal imbalance and excess perivaginal fat (Kumar *et al*. 2016). Cervico-vaginal prolapse could be efficiently managed by rope truss (Dharani *et al*. 2010), horizontal mattress suture (Singh *et al*. 2011) and Buhner's suture (Miesner and Anderson 2008) technique.

History and clinical observation

A 5 year old recently calved, primiparous Murrah graded buffalo was presented with history of prolapse since last one day. Vaginal wall was edematous, swollen and thicker. Animal was off-fed, hypothermic (99°F) and exhibited continuous straining.

Diagnosis and treatment

The success of treatment of vaginal prolapse depends on many factors including the duration, severity of damage due to traumatic laceration, bacterial contamination and involvement of other organs such as urinary bladder (Beheshti *et al*. 2011). Based on history, clinical signs and clinical examination, it was diagnosed as the case of Cervivo-vaginal prolapse. Low caudal epidural anesthesia (2% Lignocaine, 5ml) was administered to reduce straining

and for easy manipulation in standing position (Rasool *et al.* 2022). The prolapsed mass was cleaned with running tap water to reduce the mass and then washed with potassium permanganate lotion (1:1000). Lignocaine gelly (Xylocaine 2%) was also applied on the prolapse mass for lubrication. Then it was manually replaced to normal position and rope truss was then applied to avoid recurrence. Animal was treated with

Fig. 1. Murrah graded buffalo with cervico-vaginal prolapse

Fig. 2. Picture depicting cleaning and replacement of prolapsed mass

Fig. 3. Animal after replacement of prolapsed mass

Inj. Mifex 450ml i/v, Inj Dexona Vet 10ml i/m, Inj Flobac SA @ 7.5 mg/kg i/m (Single application), Inj Avilin 15ml i/m, Inj Megludyne 20ml i/m, Inj Tribivet 15ml i/m, Liq Ostovet 100ml daily orally, Bolus Ecotas 2 boli o.d. x 4 days and powder HB strong for three days. The rope truss was retained for 72 hours and removed thereafter as symptoms of straining seized. On third day of treatment, clinical observation revealed all normal vital parameters and the patient was fully recovered.

Conclusion

Cervico-vaginal prolaspse is one of the reproductive disorders which cause economic loss to farmer. Timely intervention will reduce complication, while delay results in increased edema, necrosis with poor prognosis. Repositioning of prolapsed mass followed by therapeutic management with calcium borogluconate, antibiotics, anti-inflammatory, anti-allergic, multivitamin and minerals results in better recovery.

References

Arero GB. 2022. Major Reproductive Health Disorders in Dairy Cows. Journal of Animal Biology and Veterinary Medicine **2**:1-11.

Beheshti R, Valiei K, Valilu MR and Ghalekandi JG. 2011. Genital prolapse fixation in buffalo. International Journal of Animal and Veterinary Advances **3**: 361-365.

Dharani S, Kumar GS, Sambasivarao K and Moulikrishna K. 2010. Management of a severe post-partum vagino-cervical prolapse in a graded Murrah buffalo with Renault's truss and antibiotic therapy. Buffalo Bulletin **29**: 311-314.

Kumar U, Lakde CK, Patil MS, Sahatpure SK and Gawande AP. 2016. Pre and post partum prolapse in a crossbred Jersey cow: A case report. Journal of Agriculture and Veterinary Sciences**3(1)**:48-50

Miesner MD and Anderson DE. 2008. Management of uterine and vaginal prolapse in the bovine. Veterinary Clinics of North America: Food Animal **24**: 409-419.

Rasool A, Jayaganthan P, Sarath T, Suresh Kumar R and Krishnakumar K. 2022. Post-partum cervicovaginal prolapse and its management in jersey crossbred cow. Journal of Veterinary Reviews **1(1)**: 14-16.

Sachan V, Singh V and Saxena A. 2019. Study on biochemical changes during peri-parturient prolapse in Murrah buffaloes. Haryana Veterinarian **58*:*** 98-101.

Singh B, Singh KP, Singh SV, Singh JP and Singh HN. 2011. Post- partum cervico-vaginal prolapse in a buffalo. Intas Polivet **12**: 32-33.