Clinical Management of Multiple Vaginal Tear in Prepartum Vagino-Cervical Prolapse in a Non-Descript Buffalo

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Abstract
A pluriparous non-descript buffalo at nine months of gestation was presented to Madras Veterinary College Teaching Hospital with history of continuous straining and frequent prolapse of vagina and cervix for the past five days. Under epidural anaesthesia, vaginal examination revealed blood clots and raw blood oozing out from the vaginal tear. Following surgical repair, the mass was reduced and repositioned. The animal had an uneventful recovery following treatment with antibiotic, anti-inflammatory and anti histamine for five consecutive days.

Key words: Vaginal Tear, Vagino - Cervical Prolapse and Non-Descript Buffalo.

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 large amounts of oestrogen are secreted from the placenta (Arthur et al., 1996). The basic cause appears to be the weakening or relaxation of the constrictor vestibuli muscle and atony of the vaginal musculature. Postulated etiologies for a higher incidence of antepartum vaginal prolapse in water buffaloes at some locations include low levels of plasma copper, selenium and zinc, low levels of serum calcium and phosphorous (Akhtar et al., 2012) and increased levels of plasma oestradiol during late gestation (Siddiquee et al., 2006). The present report records clinical management of multiple vaginal tear in prepartum vagino-cervical prolapse in a non-descript buffalo.

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Case History and Observations
A non-descript pluriparous buffalo at nine month of gestation with history of continuous straining and frequent prolapse of vagina and cervix for the past five days and treated by a local veterinarian was referred to the Madras Veterinary Teaching Hospital. Visual inspection of the prolapsed mass revealed multiple tears on the ventral floor and lateral walls of the vagina. Furthermore, the vulvar lips had tear on the inner side with severe lacerations and necrosis suggestive of delayed condition. The cervical plug was intact. The animal exhibited severe and continuous tenesmus.

Treatment and Discussion
Under low caudal epidural anaesthesia (2% Lignocaine Hcl, 5 ml), the prolapsed mass was cleaned with normal saline. The edges of the vaginal tear was scarified with a BP blade and opposed by simple continuous suture pattern with No.2 chromic catgut (Fig. 1). Since the animal exhibited continuous straining, vulval retention suture was applied. Treatment was instituted with Inj. 5% dextrose normal saline (3 lt., IV), Inj. Streptomycin (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) for 5 days. Since the straining was mild and the feed intake restored to normal, the animal was discharged. On inquiry of the owner, it was reported that the buffalo delivered a live female calf after one month. The increased levels of oestrogen during the last 2-3 months of pregnancy might have caused relaxation of the pelvic ligaments and adjoining structures (Kumar et al., 2009). When the animal assumed recumbent posture, the intra-abdominal pressure (especially in late
abdominal pressure along with excessive relaxation of pelvic ligaments and vaginal muscles were the major limiting factors in replacement.

**Summary**

Clinical management of a case of cervical vaginal prolapse with multiple vaginal and vulval tears in a non-descript buffalo was reported and discussed.

**References**


