**Short Communication**

**PREPARTUM CERVICO-VAGINAL PROLAPSE IN AMRITHMAHAL COW – A CASE REPORT**

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**ABSTRACT:** A primiparous Amrithmahal cow around 7 months pregnant was brought to the clinics with the history of straining and prolapsed mass through the vulva. Based on gynaeco-clinical examination the case was diagnosed as prepartum third degree cervico-vaginal prolapse and correction was done by Buhner’s buried purse string suture.

**Key words:** Cervico-vaginal prolapse, Buhner’s suture, Amrithmahal cow.

Prolapse of the vagina usually involves a prolapse of the floor, the lateral wall and a portion of the roof of the vagina through the vulva with the cervix and uterus moving caudally. Vagino-cervical prolapse is seen in all species of domestic animals but most commonly in the cow (Roberts 2004). In managing cervico-vaginal prolapse various surgical or nonsurgical techniques (Kumar 2015) and medicines (Dhillon et al. 2006) have been practiced with varying degrees of result. The present case discusses the successful management of prepartum cervico vaginal prolapse by using Buhner’s buried purse string suture.

**Case history and observation**

A primiparous Amrithmahal cow of about 7 months pregnant was brought to the Teaching Veterinary Clinical Complex, Veterinary College, Hassan with the history of cervico-vaginal prolapse for two days. The case was already attended by a local quake. On clinical examination, the rectal temperature was 98°F and severe straining was noticed. On examination of the prolapsed mass, it was severely edematous and the cervical seal was intact (Fig. 1). Based on the history and physical examination the case was diagnosed as prepartum third degree cervico-vaginal prolapse.

**Treatment and discussion**

Animal was stabilized with one liter of warm 10% Dextrose intravenously. Animal was restrained with epidural anesthesia using 5ml of 2% Lignocaine hydrochloride at the sacrococcygeal space.

The prolapsed mass was cleaned with lukewarm 0.1% potassium permanganate solution. The edema was reduced by applying ice packs and common Salt (Miesner and Anderson 2008). The prolapsed mass was lifted over the pelvis to relieve the urine and the size of the mass was reduced. The prolapsed mass was lubricated with 2% Lignocaine jelly and liquid paraffin and the prolapsed mass was repositioned. Buhner’s buried purse string suture was applied using umbilical tape to prevent recurrence (Fig. 2). Post operatively animal was treated with inj. Ringers lactate @ 10ml/Kg body weight i.v, inj. Calcium Magnesium borogluconate @ 1.5ml/Kg body weight slow i.v, inj Streptopenicillin @ 24000 Units/Kg body weight i.m, inj. Chlorpheniramine maleate @ 0.5mg/Kg body weight i.m and inj. Meloxicam @ 0.5mg/Kg body weight i.m. The antibiotic, anti-inflammatory and antihistamine were continued for three days. The owner was advised to keep the animal as hindquarter elevated and follow split feeding. Animal carried the fetus full term and delivered a live female calf without any complication and animal recovered uneventfully. In a previous report, Patra et al. (2014) stated a successful surgical management of cervico- vaginal prolapse using Buhner’s suture method.

Cervico-vaginal prolapse is a major reproductive disorder in cattle and buffaloes (Ahmed et al. 2005) and it is an emergency condition and should be managed before excessive edema, mucosal trauma, contamination, tear and fatal hemorrhage (Miesner and Anderson 2008). Lack of myometrial tone and increased intra-abdominal pressure may lead to cervico-vaginal prolapse (Kapadia...
et al. 2015) and it is also assumed that the occurrence of prolapse has a genetic foundation in cattle and sheep (Kahn et al. 2005).

Thus, from the present communication, it was concluded that prepartum cervico-vaginal prolapse can be managed successfully by Buhner’s buried purse string suture.

REFERENCES


