CASE REPORT

Management of Postpartum Uterine Eversion and Vaginal Laceration in a Cow

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Parturition is thought to be a clean-contaminated process. However numerous issues and complications can arise in livestock during and after parturition. Reproductive failure is undoubtedly influenced, either fully or partially, by reproductive tract issues /complications occurred during and after parturition. Haemorrhage, vulval haematoma, wounds, ruptured reproductive organs (uterus, vagina), perineal injuries and distal displacement of pelvic organs (uterus, vagina, and bladder) make some of the reproductive tract issues that occur during the postpartum phase (Purohit, 2012). Among all the issues, postpartum uterine prolapse is a frequently encountered reproductive disorder in ruminants and generally occurs during the third stage of labor (Roberts, 1971; Jackson, 2004). A number of maternal and management-related factors are believed to contribute to the occurrence of uterine prolapse in cattle. Metabolic disturbances such as hypocalcaemia, prolonged dystocia, retained fetal membranes, chronic illness, and paresis have been recognized as important risk factors (Risco *et al.,* 1984). Postpartum uterine eversion accompanied by a necrosed and lacerated vagina represents an extreme, multi-factorial obstetrical emergency in cattle. Delayed intervention and improper handling or treatment usually results in a poor prognosis of the case due to an increased risk of haemorrhage, shock, and death (Andrews *et al.,* 2008). This case emphasizes, that prompt correction of prolapse and proper post-treatment care are critical for successful recovery and preservation of future reproductive potential.

Case History and Observations

Approximately 3.5 years old recumbent primiparous cow with history of uterine prolapse (Fig. 1) since a day before was reported to the Veterinary Clinical Complex, LUVAS, Hisar (India). As per owner, the animal was parturiated with external assistance and gave birth to a live female fetus a day before yesterday and most of the placental membranes were removed manually. Upon physical examination, vulvar lips of the cow were edematous and vagina was lacerated (Fig. 2) as a result of excessive handling to solve the dystocia. The everted uterus with exposed caruncles with attached remaining foetal membranes was also seen. On clinical examination, the animal was dull and depressed with congested brick red mucus membranes. The vital parameters of animal were normal.

Treatment and Discussion

After giving caudal epidural anaesthesia (5 mL of 2% Lignocaine HCl), prolapsed mass was washed with weak potassium permanganate (1:1000 $KMnO_4$) solution and tissue debris was removed carefully by avoiding damage to maternal caruncles and bleeding. After thoroughly cleaning the endometrial surface, everted uterus was inverted and replaced inside abdomen till complete repositioning of the uterine horns which was later assessed by per-rectal examination. Topical application of soframycin ointment and lignocaine jelly was applied to everted uterus as well as in the vagina. Post-operatively, cow was treated with Injection metronidazole (20-25 mg/kg b.wt.), Inj. Ceftriaxone + Tazobactam (10-15 mg/kg b.wt.), Inj. Flunixin meglumine (@ 1.1-2.2 mg/kg b.wt.) administered intravenously for one week along with supportive treatment. Application of Bismuth Iodoform paraffin paste (BIP) ointment over the necrosed and edematous vulva for 5 days followed by topical application of paste prepared by mixing Liq. Calendula + Aloe vera gel + Turmeric powder thrice a day was advised for one month.

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By 5th day following uterine prolapse, the vaginal mucosa had started sloughing off, accompanied by progressive necrosis and marked worsening of the local tissue condition (Fig. 3). After about one month, the damaged and necrosed part of vulvar lips sloughed off (Fig. 4). The vaginal mucosa and vulvar lips showed progressive healing over a period of 2 to 4 months (Fig. 5, 6). The cattle recovered uneventfully and returned to estrus and conceived successfully after six months.



Fig.1: Prolapsed uterus of cow showing caruncles



Fig. 2: Edematous vulvar lips and Lacerated vagina



Fig. 3: Lacerated vagina after 5th day of uterine prolapse



Fig. 4: Vaginal mucosa and vulvar lips one month



Fig. 5: Vaginal mucosa and vulvar lips 2 months after treatment



Fig. 6: Vaginal mucosa and vulvar lips 4 months after treatment

Uterine prolapse usually occurs within the first 24 h of calving (Divers and Peek, 2007) and immediate after parturition especially after dystocia (Sah and Nakao, 2003). The standard sequelae of prolapse are haemorrhage, shock, peritonitis, septic arthritis, infertility or loss of life. Although there are differences among different cattle in the predisposing factors associated with uterine prolapse, uterine

atony, dystocia, and hypocalcemia are some of the most common causes (Andrews *et al.,* 2008). An uncomplicated case of uterine prolapse usually has a good prognosis if corrected in time; therefore, it should always be treated as a veterinary emergency. But in this case, the animal was presented after 24 h of prolapse, which was markedly prolonged, and the vulvar lips were severely edematous with vaginal lacerations, most likely resulting from excessive and forceful handling during repeated attempts to relieve the dystocia. Delayed intervention usually results to poor prognosis of the case due to the risk of haemorrhage, shock and death (Andrews *et al.,* 2008). This case highlights the importance of timely veterinary intervention, hygienic handling, proper obstetrical management, and appropriate medicinal therapy in preventing further reproductive tract trauma and improving the prognosis and recovery of animals affected with uterine prolapse. The use of topical antiseptic and wound-healing treatment played a crucial role in controlling infection, reducing inflammation and edema, promoting sloughing of necrosed tissue, and facilitating complete healing of the vaginal mucosa and vulvar lips.

In conclusion, uterine prolapse is a true obstetrical emergency that requires immediate attention and careful management to ensure a favourable outcome.

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