

Uterine prolapse in a jenny: a case report

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تدلي الرحم في أنثى حمار: تقرير حالة

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الخلاصة

يصف هذا التقرير حالة تدلي الرحم في أنثى حمار والتقنية الناجحة في إرجاعه إلى مكانه الطبيعي.

Uterine prolapse occurs when the previously gravid horn invaginate after delivery of the fetus and protrudes from the vulva. The case in a Jenny is unknown and not yet recorded, but the condition is frequently associated in ruminants with dystocia and hypocalcaemia (1, 2). Most cases occur within a few hours after delivery and the condition is more common in dairy cows than other species (3). Uterine prolapse is a rare condition that is difficult to manage in equines (2). This report describes the first case of uterine prolapse in a jenny and how to handle it.

The jenny was 5 years old brought by the owner to the clinic of the College of Veterinary Medicine, University of Mosul and he claimed that his animal had aborted, since 24 h, more than 7 months fetus, and had a large mass pushed out of the vulva and had signs of colic. On the animal examination, I expected to find the Jenny with a retained placenta, but she had a prolapsed uterus. The animal was in lateral recumbency, frequently rolling and kicking. Examination of the Jenny revealed a rapid shallow abdominal respiration, highly congested mucus membrane of the vagina with signs of dehydration. The body of the uterus, entirely prolapsed, was approximately 30 cm in diameter and reached below the animal hocks when she stood. The edematous uterus was not damaged. The animal remained recumbent during the examination and was in obvious colic pain.

Epidural anesthesia was done with 10 ml of 2% lidocaine HCl between Cy1 and Cy2. The uterus was cleaned with warm water, followed by sterile physiological saline solution. It was gently replaced in much the same fashion as in a cow. She was in sternal recumbency to facilitate replacement of the uterus. After pushing as far as possible to replace the organ in its proper position, a uterine lavage of 3 L was performed using sterile physiological saline solution containing 3x 10⁶ IU procaine penicillin G and 3 g dihydrostreptomycin/l. A retaining suture of strong gauze saturated with lugols' iodine was placed around the vulva using horizontal mattress suture technique and leaving adequate space for passage of urine and uterine fluids. The jenny was treated with 40 IU of oxytocin, 5 x 10⁶ IU procaine penicillin G and 5 g dihydrostreptomycin im daily for 5 days. The owner removed the retaining suture one week later and reported she was doing well.

References

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