

Cervical Prolapse in a Swamp Deer (*Rucervus duvaucelii*)

K. Devaki¹, K. Senthilkumar², S. Sadasivam³ & M.G. Jayathangaraj⁴

The occurrence of cervicovaginal prolapse has been recorded in all species of domestic animals (Noakes *et al.*, 2001), most commonly in cow and ewe (Bandyopadhyay and Bhattacharyya, 2002). Prolapse of reproductive organs either vagina, cervix or both and uterus is one of the grave obstetrical emergencies in late gestation or occasionally after parturition (Arthur *et al.*, 1996), which requires early attention and efficient management. The present communication records a case of an incomplete cervical prolapse that occurred after parturition in a primiparous swamp deer.

Case History and Clinical Observation

A pregnant primiparous Swamp deer in Arignar Anna Zoological Park aged about 4 years gave birth to a female fawn in its full term. After 2 hours of parturition the animal keeper reported that the animal was showing symptoms of severe straining; with restlessness and big round mass was protruding from the vulval lips. The animal was tranquilized with a combination of 100 mg Xylazine and 75 mg Ketamine Hydrochloride. Clinico gynaecological examination revealed that the mass coming out of vulval cleft is the cervix of a parturient uterus and was found healthy. The protruding mass was moist, soft and pliable to touch with developing ecchymotic patches. There were no signs of any traumatic ulcerations or necrosis. It was diagnosed as post partum cervical prolapse of 1st degree. On clinical examination the animal was alert and apparently normal with frequent straining, abdominal pain, restlessness, increased pulse and respiratory rates.

Obstetrical Management

Epidural analgesia was attained by injecting 2ml of lignocaine hydrochloride in the first inter coccygeal space in standing position. The prolapsed mass and the surrounding area were cleaned with Coudy's solution (Potassium permanganate 1 part and distilled water 1000 parts), and the prolapsed mass was lifted to the level of ischial arch and about 300 ml of urine was relieved by catheterization. The prolapsed part was smeared with anesthetic lubricant (Lignocaine 2% Gel) and reposed gently with gradual force into normal position by raising the hindquarter. Hidden purse string suture with absorbable catgut was applied to prevent the recurrence of prolapse.

Fluid therapy was given during anesthetic procedures and the animal was treated intra muscularly with Inj. Enrofloxacin @ 5 mg/kg, Inj. Chlorphenarimine maleate @ 0.2 mg/kg, Inj. Meloxicam @ 0.2 mg/kg and tetanus toxoid injection, along with intra uterine pessaries of metronidazole and furazolidone combination as intra uterine therapy. The animal made an uneventful recovery within couple of days.



References

- Arthur G.H., David. E. Noakes and Harold Pearson (1996). Veterinary Reproduction and Obstetrics (Theriogenology). 6th edition. Published by English Language Book Society/ Bailliere Tindall, London. Pp384-389.
- Bandyopadhyay, S.K. and Bhattacharyya, B. (2002). In: Textbook of Veterinary Gynaecology, Artificial Insemination, Obstetrics and Assisted Reproduction 1st ed., Kalyani Publishers, New Delhi P.253.
- Noakes D.E. and Parkinson, T.J. and England, G.C.W. (2001). Arthur's Veterinary Reproduction and Obstetrics. 8th edition, W.B. Saunders Company, Philadelphia P. 245.

*See image on web version @ www.zoosprint.org

¹Assistant Professor, LRS, Kattupakkam, ²Assistant Professor, ³Former Zoo Veterinarian, Arignar Anna Zoological Park, ⁴Professor & Head, Department of Wildlife Science, Madras Veterinary College, Chennai. Email: ²drsenthil72@hotmail.com