AN UNUSUAL CASE OF SPONTANEOUS RUPTURE OF CERVIX IN A CROSSESBD COW

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Prolonged dystocia, improper use of obstetrical operations or improper manipulation of fetus usually leads to rupture of internal genital organs (Arthur et al., 1989). This report records an unusual case of spontaneous rupture of cervix in a crossbred cow and its successful surgical management.

A pluriparous crossbred cow aged six years was brought to the Large Animal Obstetrics Unit of Veterinary Teaching Hospital, Madras Veterinary College with the history of prolapse. The animal had delivered a live male calf unassisted 8 hours before. Examination of the prolapsed mass revealed partial rupture of cervix.

The perineal region and the prolapsed mass were washed thoroughly with running tap water. Per vaginal examination under low caudal epidural anesthesia with 5 ml of 2% xylocaine revealed a lengthy pedunculated cervix with rupture at the center. The cervix was incompletely retracted and exteriorized through vulva. The ruptured portion of the cervix was necrosed and cyanotic (figure 1) and the remaining portion were apparently healthy. The affected portion was surgically incised at the level of second and third annular ring and removed. The remaining healthy portion of the cervix was sutured with purse string suture using chromic catgut No.2 (Figure 2). The mild hemorrhage encountered was easily controlled by application of the pack. The animal was parentally administered two liters of 5% DNS (i/v), 2.5 g ms of streptopenicillin (i/m), 15 ml of meloxicam (i/m), 10 ml of chlorthomamine maleate (i/m), 50 IU of oxytocin (i/v), 300 ml of calciumborogluconate (i/v) and 60 ml of ciprofloxacin-tinidazole (i/uterine). The fluid therapy, antibiotic and intra-uterine treatment were continued for five days and the animal made an uneventful recovery.

The rupture of uterus, cervix and vagina usually occurs during prolonged dystocia with fetal emphysema, torsion of uterus, improper manipulation and traction of fetus, accident in fetotomy operations, and protruding portion of the bones after fetotomy or inexpert manipulation of the fetus by layman (Roberts, 1971). In bovine, forced traction of the fetus in a normal presentation may result in rupture of cervix due to the sharp bony prominence. However in the present case as the delivery was unassisted, the rupture of cervix would have occurred due to the pressure exerted by extremities and bony prominences of the fetus while traversing through the lengthy pedunculated cervix.

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