



CHRONIC POSTPARTUM VAGINAL PROLAPSE IN A RABBIT DOE

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Cervico vaginal prolapse, though common in cows and ewes, is seldom encountered in other species of animals. Though postpartum complications are rare in rabbits, dystocia and its management are reported (Islam *et al.*, 2006). Successful treatment of cervico vaginal prolapse in rabbit doe was reported by George *et al.* (1993). The present paper reports a case of chronic postpartum vaginal prolapse in a rabbit doe and its surgical management by reefing operation.

A nondescript rabbit doe aged two years was presented to University Veterinary Hospital, Mannuthy with a history of prolapse of vagina since two days. It had kindled five live bunnies two days back. The animal was straining and on detailed examination, prolapse of the ventral floor of the vaginal wall was noted as a white round protruding lacerated mass of about 3 cm diameter (Fig.).

The prolapsed mass was cleaned using one percent potassium permanganate lotion and lubricated with K-Y Jelly. Epidural anaesthesia was given using 0.5 ml of two percent lignocaine solution. After lifting the hind quarters and by applying gentle digital pressure from the sides, the prolapsed vaginal mass was reduced back into the pelvic cavity. A volume of 5 ml of sterile normal saline was introduced into the vaginal cavity under pressure using a syringe for complete reposition of the vagina. Buhner's suture was applied using braided silk leaving a gap of one centimetre between the vulval lips.

The case was presented the next day with recurrence of vaginal prolapse. On examination, the prolapsed mass was seen

highly mutilated and necrotic. The Buhner's suture was removed and the mass was cleaned thoroughly with one percent potassium permanganate lotion. Epidural anaesthesia was given using 0.5 ml of two percent lignocaine solution. Gentle traction was applied and the necrosed portion of the prolapsed vaginal mucous membrane was dissected carefully without disrupting the urinary meatus. The edges of the vaginal wall were apposed by simple continuous sutures using catgut. Amoxicillin-clavulanic acid syrup was administered for five days orally. There was an uneventful recovery of the case.

The vaginal mucous membrane might have been damaged during kindling in the present case. Subsequent straining by the doe due to this injury might have resulted in vaginal prolapse. Soiling of the prolapsed mass and further damages due to rubbing of the mass on the floor while sitting would have aggravated the condition. In this case recurrence occurred due to severe straining by the animal due to the presence of completely devitalised tissues causing irritation. The length of vagina was greatly shortened by reefing operation so that the prolapse was reduced automatically.

Summary

A case of chronic vaginal prolapse in a rabbit and its correction by reefing operation is reported.

References

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Fig. Chronic vaginal prolapse in a rabbit

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