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VAGINO-CERVICAL PROLAPSE— continued from previous class

SYMPTOMS

1. The symptoms of vaginocervical prolapse are obvious and the condition is often spoken of by the farmer as “Casting of wethers”
2. In the cow this condition is usually observed the last 2 to 3 months of gestation with an increasing incidence as parturition is approached.
3. Occasionally it is seen as early as 4 to 5 months of gestation.
4. In a few cases it is observed after parturition in the cow.
5. In the ewe and other species of domestic animals it seldom occurs other than a few weeks prior to parturition except in the dog.
6. Prolapse of the vagina in the bitch is seen most commonly at the time of estrus.
7. The symptoms may vary from a mild protrusion of the vaginal mucous membrane through the vulvar lips when the cow lies down, to a severe necrotic vagino-cervical prolapse containing a greatly distended bladder and complicated by a prolapse of rectum due to the constant tenesmus.
8. In mild cases the prolapsed vaginal wall returns to its proper position when the cow rises.
9. The degree of vulvitis, vaginitis, and cervicitis will vary depending upon the length of time the condition has existed and the type of mechanical, thermal, or infectious agents acting upon the prolapsed mucous membranes.
10. The symptom of straining or tenesmus may be absent, intermittent and mild, or severe and nearly constant, depending upon the degree of the prolapse, the degree of inflammation, edema and irritation involving the genital canal, and the degree of distension of the bladder.
11. Edema of the prolapsed vagina and cervix occurs because of the irritation and trauma to the exposed mucous membrane, and because this portion drops over the ischial arch thereby causing a passive venous congestion.
12. This edema tends to accumulate in the sub-mucosa and cause a separation of the mucosa from the underlying thin muscular vaginal wall.
13. The cervical seal usually remains intact, although if the cervix is prolapsed and inflamed, the external portion of the seal may be absent.
14. Occasionally the cervix relaxes, the cervical seal is lost and abortion or premature parturition occurs within 24 to 72 hours.
15. A rectal or vaginal examination should be made to see if the fetus is still alive and to determine the approximate stage of gestation, if breeding records are not available.
16. These factors are important in the prognosis and treatment.
17. If the fetus is alive, the uterine artery has its characteristic whirr or fremitus, and the fetus moves when its foot or eyeballs are pinched or its leg or jaw is pulled.
18. In some recently purchased cows vulvar scars may be found indicating previous treatments for vaginal prolapse during other pregnancies.
19. In neglected, severe cases the exposed mucous membrane may be necrotic resulting in a toxemia and septicemia.

20. This together with exhaustion caused by the constant straining may cause a fast, weak pulse, anorexia, rapid loss of weight, general body weakness, death of the fetus, possible uterine infection and death.
21. Necrosis or gangrene may even involve the cervix and the caudal portion of the uterus secondary to severe vascular insult and thrombosis.
22. If prolapsed of the vagina occurs postpartum, the ovaries should always be examined for the presence of cysts and if no cysts are present the vulva should be examined for injuries.
23. In the ewe suffering from prolapsed of the vagina or cervix, death and maceration of the fetus followed by the death of the dam is not uncommon.
24. Severe infections of the birth canal associated with prolapsed of the vagina may result in uterine infections or retained afterbirth following parturition or abortion.
25. Differential diagnosis between prolapsed of the vagina and cervix, and cystic Bartholin's glands, hematoma of the vulva, tumours of the vagina or vulva, prolapsed or eversion of the bladder, rupture of the vagina and prolapsed of perivaginal fat, and thick heavy fetal membranes.
26. Cows will usually calve without assistance in nearly all uncomplicated cases.
27. After parturition the prolapsed is usually immediately relieved.

PROGNOSIS

1. The prognosis in prolapsed of the vagina and cervix depends upon the severity of the condition and the length of time it has existed.
2. Except in extreme or severe cases, the prognosis is generally fair to good for the life of the animal and the fetus if treatment is prompt and aftercare is good.
3. The condition will recur again at subsequent gestation periods unless suitable procedures are followed to prevent it.
4. In the more extreme conditions complicated by prolapsed of the rectum, death of the fetus, impending abortion, septic metritis, severe necrosis of the prolapsed organs, exhaustion, septicaemia and toxæmia, marked debility of the patient, or constant and violent straining, the prognosis is guarded to poor.
5. Slaughter should be considered after parturition or weaning of the newborn because of the tendency for this condition to recur and the possible hereditary nature of the condition.
6. In sheep prognosis is more guarded, since 20 to 30 % of pregnant ewes may die or expel dead foetuses.