



THERAPEUTIC MANAGEMENT OF POST-CAESAREAN RETENTION OF PLACENTA IN A CROSSBRED JERSEY COW

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ABSTRACT

A four years old female crossbred jersey cow weighing 350 kg was presented with the complaint of dystocia. Immediate stabilization and caesarean section was carried out to save the life of patient. Subsequently, the condition of retention of placenta araised which as treated accordingly.

KEY WORDS: Therapeutic, management, post-caesarean, retention, placenta, crossbred, jersey

INTRODUCTION

Retention of fetal membranes is a common complication after the calving. Normally the placenta is expelled within 12 hours post-calving as in cattle (Mohamed and Amer, 2009). If any part of placenta is held for longer period after birth, it is considered to be pathological or abnormal. The frequency of retained placenta averages 5 to 10% under normal conditions in a dairy herd (Stephen, 2008). However, abnormal deliveries (i.e., twins, caesarean section, dystocia, abortions or premature calvings) increase the incidence of retained placentas. And in cattle herds with infectious diseases the incidence may go as high as 50 percent (Mohamed and Amer, 2009). Retained fetal membrane results delayed involution of the uterus, chronic endometritis, pyometra or perimetritis ending into subfertility or sterility (Beagley *et al.* 2010).

Case History and Clinical observations

A four years old female crossbred jersey cow weighing 350 kg was presented with the complaint of dystocia. Immediate stabilization and caesarean section was carried out to save the life of patient. Subsequently, the condition of retention of placenta araised which was treated accordingly. The behaviour and physiological parameters (temperature, pulse and respiration) of the animal were in normal limits (Arthur 1975; Manspeaker 2010).

TREATMENT AND DISCUSSION

The dead calf was retrieved by caesarean section done in the left flank region of the animal under regional anaesthesia 2% Lignocaine hydrochloride. The cow was given a dose of antibiotic (4 gm. Ceftriaxone) one hour prior to the caesarean section to maintain peak serum antibiotic concentration to reduce contamination by microbial load during surgery and 30 ml.



FIGURE 1: Photograph showing the post-caesarean stage of a crossbred jersey cow having placenta left inside the uterus

Melonex (5mg per ml.) was also given pre-operative to achieve pre-emptive analgesia to reduce pain during surgery.

After the operation, placenta was tried to be removed manually, but as it was fresh apprehending bleeding it was left inside the uterus. Subsequently, the uterus was sutured in Cushing' method with chromic catgut no.2. The peritoneal cavity was cleaned with 4 ltrs. of lukewarm normal saline to reduce the microbial load to prevent contamination. The abdomen was closed with chromic catgut no.2 in simple continuous pattern. Sub cutis and skin closed routinely (Fig. 1). The placenta did not come out within 8 -12 hrs after the operation and so the case led to the retention of placenta which was treated accordingly. Manual removal of placenta was not tried in this case suspecting that it might further worsen the condition of uterus after the caesarean section. Utrifit (Uterine ecbolics) @ 200 ml. on day 1 and subsequently 100 ml. daily as administered for 8 days. Further, the homeopathic drug Arnica 30 was administered @ 20 drops orally twice daily from 6th day onwards. The cow removed the placenta automatically on 9th day. Post-operatively, 4g Ceftriaxone for 7 days and 30 ml. melonex was administered for 3 days respectively Marek Veterinary Manual, 2012 and Gunay *et al.*, 2011). This treatment was done along with regular wound dressing with povidone iodine twice daily for 10 days. The suture was removed after 10 days and the cow recovered well.

CONCLUSION

It could be concluded that retention of placenta is the most important factor leading to uterine infection and toxic puerperal metritis occurring during the early postpartum period. Prevention of retained placenta, of course, is the key. The optimum is to maintain a healthy, contented and active cow prior to, during and after parturition. A balanced, limited ration during the 6-8 week dry period;

sufficient daily exercise; sufficiently large, clean and comfortable calving areas (preferably on pasture); and proper sanitary procedures during the calving period minimize the chances of retention and infections of the reproductive tract.

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