1945

Prolapse of the Uterus

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Prolapse of the Uterus. This condition occurs chiefly in cows and mares as a post-parturient accident. The etiology has never been satisfactorily explained. In its early stages it is uncomplicated by any pathological condition of the organ itself. Soon, however, due to impaired circulation, exposure to cold, filth and trauma, complications are almost certain to arise unless the uterus is immediately restored to its normal position.

A Hereford was received at the Stange Memorial Clinic Oct. 2, 1945, with the history of contamination and necrosis of the everted uterus. Accompanying this was the recommendation for amputation.

Operation

The everted uterus and vulvar region were thoroughly cleansed with a 2 per cent solution of Therapogen. For anesthesia 10 cubic centimeters of 2 per cent procaine were infiltrated along the operative site. By using a sack needle, a double piece of umbilical tape was placed through the center of the everted portion of the uterus as close to the vagina as possible. The needle-end of the umbilical tape was then cut close to the needle and the resulting free ends of the tape were tied in opposite directions around the uterus. The everted portion was then amputated about three-fourths inches distal to the ligature.

As a prophylactic measure against peritonitis, sulfanilamide therapy was administered as an oral drench. The amount used was 1½ grains per pound of body weight following the operation and one half of this amount every 12 hours for the following four days. As no symptoms of peritonitis were noted at this time treatment was discontinued and the cow discharged from the clinic.

Radiograph Findings

The X-ray findings substantiated a concussion and possible contusion of the cord. This was due to the two fragments lodged near the posterior portion of the axis. The positions of these fragments indicated that the posterior part of the axis was forced upward by the impact thus putting pressure on the cord.

Fracture of the Axis. A male collie was admitted to the Stange Memorial Clinic on Oct. 1, 1945, with the history of having been shot through the neck. The symptoms observed were depression and incoordination indicating a central nervous disturbance. Upon examination a puncture wound about one-fourth inch in diameter was found on the left side of the neck in the region of the fourth cervical vertebra. A radiograph was then made of the lateral aspect of the cervical region, which showed that the projectile had entered the neck and had traveled obliquely upward until it struck the posterior portion of the spinous process of the axis. The spinous process showed much damage in the upper posterior third with a fragment of the bullet lodged there. The projectile had broken into three large fragments and a number of smaller ones about 1/16 inch in diameter. The second largest of these fragments had traveled downward and lodged between the posterior articular surface of the axis and the spinous process of the third cervical vertebra. The third largest fragment had lodged near the anterior portion of the spinous process of the axis.