# Uterine prolapse in a camel

R.O. Ramadan, A.M. Hafez

An owner reported that five days earlier his 11-year-old, multiparous, she-camel had given birth to a healthy camel calf but prolapsed the uterus soon after delivery. He had repositioned the uterus inside the caudal part of the pelvis and fixed the vulvar lips with two needles (flessa type) tied with ropes. On examination, the labia were lacerated and there was larval infestation (myiasis). The bulk of the uterus was creating a bulge of the sacrosciatic ligament on both sides.

The camel was given an epidural (35 mL, 2% lidocaine hydrochloride), at the first intercoccygeal space (1), and then sedated with 2 mL of 2% xylazine (Rompun, Bayer, 509 Leverkusen, Bayerwerk, Germany), given intravenously. At this time, the camel could maintain a sitting position. The vulvar lips were released, and the uterus immediately reprolapsed. Its lumen was turgid and full of necrotic material. The necrotic tissue was removed. The uterus was then washed with a mild antiseptic and replaced. Eight boluses of broad spectrum intra-uterine antibiotic (Leukomycin-M-Boli, Bayer) were placed within the uterus, and 200 mL of sterile distilled water was infused into the uterus to help in fixing the tip of the horns in a cranial position. The labia were sutured with umbilical tape in a mattress fashion. Long acting oxytetracycline was given intramuscularly, and the vulva was dusted with a parasiticide powder (Negasunt, Bayer). The hind quarters were elevated, and the owner was advised to keep the camel sitting in this posture for two days. After seven days, the uterus was still in its normal position. The sutures were removed after 14 days.

It was noted that the camel was hand-fed mainly barley with only a very limited amount of dried silage and green shrubs.

The definitive cause of the uterine prolapse is uncertain, but many factors have been incriminated in producing prolapse in other animals. It is believed that an increase in intraabdominal pressure plays a major role in uterine prolapse (2). Additionally, restricted feeding may cause muscular atony due to a lack of exercise. In cattle, Arthur observed an increasing incidence of uterine prolapse in association with milk fever and uterine inertia, and he attributed the prolapse to metabolic deficiencies, such as calcium (2). In sheep, a high incidence of uterine prolapse was found to occur in animals fed on pasture rich in estrogens (3). The genesis of prolapse in this case may be related to the camel being fed barley, which is known to contain a high level of estrogens, and to excessive relaxation of its pelvic and perineal region due to old age. We could not find similar cases involving camels in the available literature for comparison.

College of Veterinary Medicine and Animal Resources, King Faisal University, Box 1757, Al Ahsa, 31982 Saudi Arabia.

References

1. Ramadan RO, El Hassan AM, Abdin-Bey MR, El Gassnawi Y. Abdalla ES, Fayed AA. Chronic obstructive mastitis in the camel. A clinicopathological study. Cornell Vet (1987); 77: 132–150.
2. Arthur GH, Noakes DE, Person H. Veterinary Reproduction and Obstetrics. London: Ballière Tindall 1982.
3. Roberts SJ. Veterinary Obstetric and Genital Diseases, 3rd ed. Woodstock, Vermont: SJ Roberts, 1986.

# Forelimb amputation in a red deer

Ana Maria Quessada

A male red deer (*Cervus elaphus*) of unknown age was received at the Veterinary Ambulatory Clinic of the Agrarian Science Center at the Federal University of Piaui with an open fracture at the level of the left carpometacarpal joint. Apart from the fracture, the animal was in good health on clinical examination. In the interests of preserving the species, it was decided to amputate the forelimb. After being fasted for 12 hours, the animal was anesthetized with a xylazine-ketamine solution (0.2 mg/kg and 10 mg/kg body weight, respectively). An incision was made at the level of the middle-third of humerus; the bone was exposed and transected, and the muscles were cut distal to the transected bone and removed. The muscles were sutured with chromic catgut, using X sutures to cover the bony stump. The skin was closed using cotton thread and simple interrupted sutures.

Following surgery, the animal was given penicillin (30,000 IU/kg body weight). The wound was cleaned daily with saline and covered with 0.2% nitrofurazone