Perineal Hernia in a Buffalo: A Case Report

Gosai RK¹*, Chauhan PM², Patel KD³ and Patelia HR³

Department of Veterinary Clinics, Dr. V.M. Jhala Clinical Complex, College of Veterinary Science and Animal Husbandry, Sardarkrushinagar Dantiwada Agricultural University, Deesa, Gujarat, India.

*Corresponding Author: Gosai RK
Email: rohit89dr@gmail.com
Received: 29/01/2019 Accepted: 05/02/2019

Abstract
A six month pregnant pluriparous buffalo was found with history of unilateral swelling on right vulvar lip and difficulty in micturition. The case was diagnosed as perineal hernia and herniorrhaphy was carried out after repositioning of urinary bladder. The buffalo was showed uneventful recovery and delivered viable female calf.

Keyword: Buffalo, Perineal hernia, Pregnant, Urinary bladder.

1. Introduction
Perineal hernia is a protrusion of abdominal viscera through the pelvic diaphragm which supports rectal wall. It is mostly occurs due to weakened pelvic diaphragm, there is abnormal displacement of pelvic organs into regions around the anus (Prasad et al., 2015). The perineal hernia mainly occurs due to external trauma causes damage of pelvic diaphragm and surrounding muscles of perineal area. It is further complicated with severe abdominal straining during the defecation and micturition which leads to herniation of urinary bladder and other abdominal viscera (Shridhar, 2011). It is more common in uncastrated male dogs (Weaver and Omamegbe, 1981) and condition is uncommon in large ruminants (Tyagi and Singh, 1996; Nair et al., 1986). In the present paper, a case of perineal hernia and its successful surgical management in buffalo is reported.

2. History and Clinical Observations
Seven years old, six month pregnant buffalo from Sanchor district of Rajasthan was suffered with history of huge perineal swelling since one year (Fig 1). The case was treated by local veterinarian but did not yield favorably. The swelling was increased gradually when bladder was full with urine which shown difficulty in micturition. Upon palpation, soft, reducible, and painless unilateral swelling on right side of vulvar lip was observed. After lifting of mass the urine voided out and swelling was reduced. A clear hernia ring was felt in perineal region with 3-4 cm in diameter. All the parameters like temperature, respiration and heart rate were normal. Based on clinical signs, it was diagnosed as unilateral perineal hernia and planned for surgical correction.

3. Surgical Procedure
The buffalo was withheld feed and water for 24 hours prior to operative procedure. After shaving and scrubbing the surgical site was prepared aseptically. Surgical procedure was carried out in standing position under caudal epidural anesthesia as well as local infiltration anesthesia using 2% Lignocain hydrochloride. A purse string suture was placed around the anus after placing gauze plug to prevent the contamination. A linear skin incision was made directly over the hernia swelling. After separation of skin and fascia, the hernia content (bladder) was identified and repositioned.

Fig 1: Unilateral right side Perineal Hernia.

The hernial ring was identified (Fig 2) and suture with No. 2 silk using continuous lock stitch suture pattern. The subcutaneous suture was taken by chromic catgut No. 2. The skin edges were united by horizontal mattress suture pattern using cotton thread. Post operatively, Inj. Dicrsticine 5 gm and Inj. Melonex 20 ml (< dose rate of 0.2 mg/kg body wt.)
were administered intramuscularly for 3 days and antiseptic dressing was carried out regularly, as well as Inj. Duraprogen 2 ml was given intramuscularly. To minimize the chance of recurrence, the buffalo was kept on green fodder for 15 days which prevent the post operative straining during the defecation. The skin sutures were removed on 12th post operative days and its shown uneventful recovery (Fig 3).

4. Discussion

Perineal hernia is very common in uncastrated old male dogs but its occurrence in large ruminants is very rare and only few reports are available on perineal hernia in buffaloes. Herniation may located nearer to anus either unilateral or bilaterally. The unilateral herniation is more marked when compared to bilateral may be due to weak perineum (Hosgood et al., 1995). In present case, etiology unknown for development of unilateral hernia but it might have developed from external trauma from perineal region.

In this case, hernia content was bladder into perineal region. Similar findings were reported by Mathur (2003); George (1983) in buffalo and Shridhar (2011) in a cow. The perineal hernia was reported in non pregnant buffaloes by (Prasad et al., 2015; Vadalia et al., 2017) but the in the present case the buffalo was pregnant and shown uneventful recovery without any complication.

5. Conclusion

Early diagnosis and proper surgical management of perineal hernia in buffalo ensure uneventful recovery.

References


