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retained fetal membrane

Retention of fetal membranes, or retained placenta, usually is defined as failure to expel fetal membranes within 24 hr after parturition.

Normally, expulsion occurs within 3–8 hr after calf delivery.

The incidence in healthy dairy cows is 5%–15%, whereas the incidence in beef cows is lower.

**The incidence is increased by**

abortion (particularly with brucellosis or mycotic abortion), dystocia, twin birth, stillbirth, hypocalcemia, high environmental temperature, advancing age of the cow, premature birth or induction of parturition, placentitis, and nutritional disturbances.

**Diagnosis**

- 1- ultimately fetid membranes are seen hanging from the vulva >24 hr after parturition.
- 2- presence may be signalled by a foul-smelling discharge.
- 3- In most cases, there are no signs of systemic illness.
- 4- When systemic signs are seen, they are related to toxemia

Date: 26/1/2017	Animal: Cattle	Number: 81	Age: 3 years	Sex: Female
Farm History: Mastitis , pneumonia ,lamness ,				
Vaccination program: FMD ,Enterotoxemia ,POX ,Brucella ,				
<b>Presenting Complaints: postparturant examination</b>				

Physical examination :

**UI**

**Vaginally:**

1. Deep vaginal wound at 9 o'clock and size 6\*5\*5cm as well as superficial wound and at 1 and 3 o'clock and size it 5\*5\*4cm as well as superficial wound .
2. Cervix 5 fingers open .
3. Placenta remain attach at the uterus, the cow was calved 19 hours ago, the placenta still severed attach with **Caruncle**.
4. Half of placenta had been removed and other half remain in the uterus due to sever Attachment so we decide to post pone the removing of the rest.
5. Lochia:
  - A. Color: red
  - B. V+--
  - C. S+--

**Rectally:**

- A. G:V
- B. F+++
- C. CIII

**OP:**

The vaginal wound had been flushed with SSS followed by 4% Iodine. All fibren and necrotic tissue ad been removed. fixation of drain for daily vaginal flushing.

**Diagnosis: Retained Placenta and vaginal wound**

**Treatments :**

- I. Oxytetracyclin 20cc IM \* 5 day
- II. 3 Tablet chlortetracyclin 3 P \*3 day
- III. Diclofen 15cc IM \* 4day





**Recommendation :**

Next UI after 2 day.

23/1/2017



Date	Physical Examination	Follow-Up Treatment:
29/1/2017	<p><b><u>UI</u></b> <b><u>Vaginally</u></b> vaginally wound at 9 oclock become much better While the vaginal wound at3 oclock become worst 6*5*5 cm as well as vaginally wound at 1 oclock still as before cervix 2 finger open lochia : yellow color V : (++)- \ S : (+)+-</p>	<p>I. Oxytetracyclin 20cc IM II. 3 tablet chlortetracyclin III. Diclofen 15cc IM IV. povidone iodine ointment V. <b>the next UI after 2 day at day 31\1\2017</b></p>

	<p><b>Rectally :</b></p> <p>I. G: (V)</p> <p>II. C: (II)</p> <p>III. F:++-</p>	
<p>29/1/2017</p>		
<p>30/1/2017</p>	<p>UI:</p> <p><b>Rectally :</b></p> <p>G : V</p> <p>C : III</p> <p>F : ++ -</p>	<p>Oxytetracyclin 20cc IM</p> <p>3 tablet chlortetracyclin</p> <p>Diclofen 15cc IM</p> <p>povidone iodine</p> 
		



31/1/2017

Temperature :39.5

UI :

**Vaginally**

The vaginal wound at 3 oclock become worst with size of 1\*3\*6cm

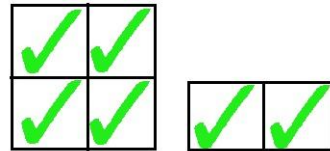
Lochia :

color :transparent

S : + --

V :+++

- I. Oxytetracyclin 20cc IM
- II. Diclofen 15cc IM
- III. povidone iodine



1/2/2017

Temperature :39.5

UI :the vaginal wound at 3 oclock become much better with presence of fibrin over the wound

UI :

**Rectally :**

G : IV

C : I

F : +(+) -

- I. Oxytetracyclin 20cc IM
- II. Diclofen 10cc IM
- III. povidone iodine



2/2/2017

Temperature :39.5

UI :

**Vaginally:**

The vaginal wound at 3 oclock become much better with presence of fibrin over the wound


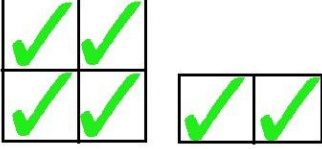

UI :


Oxytetracyclin 20cc IM  
povidone iodine



	<b>Rectally :</b> G : IV C : I F : I	
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5/2/2017	The vaginal wound at 9 oclock become better with presence of fibrin at the vaginal wound at 3 oclock 2*2cm TEMP : 38 HR : 78 RR : 32	Topical povidone iodine 
6/2/2017	The vaginal wound become better with presence of fibrin around 3 -9 oclock TEMP : 38 HR : 78 RR : 32	Topical povidone iodine Uterine pessary 2P 
7/2/2017	The vaginal wound at 9 oclock become much better. The vaginal wound at 3 oclock still deep and with presence of fibrin	Topical povidone iodine Uterine pessary 2P 

8/2/2017	<p>The vaginal wound at 9 oclock become much better. The vaginal wound at 3 oclock still deep and presence of fibrin</p>	<p>Topical povidone iodine Uterine pessary 2P</p> 
9/2/2017	<p>The vaginal wound at 3 oclock become much better</p> <p>TEMP : 38.6</p>	<p>Topical povidone iodine Uterine pessary 2P</p> 