

DYSTOCIA DUE TO FETAL ANASARCA COUPLED WITH AMELIA OF ONE FOETUS IN TWIN PREGNANCY IN A BUFFALO

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ABSTRACT

This communication reports a case of dystocia due to foetal anasarca coupled with amelia of one foetus in a twin pregnancy and its successful per-vaginal management in a Mehsana buffalo.

Keywords: dystocia, fetal anasarca, amelia, twin pregnancy, Mehsana buffalo

INTRODUCTION

Dropsical conditions *viz.* fetal ascitis, fetal anasarca, edema of the allantochorion, hydrops of the amnion or allantois or both etc. are reported to be causes of dystocia (Roberts, 1971). Twin pregnancy with foetal anasarca of one foetus has also been observed as an occasional cause of dystocia in bovine. Therefore, a rare case of dystocia due to foetal anasarca coupled with amelia of one foetus in twin pregnancy (Figure1) and its successful per-vaginal management in a Mehsana buffalo is placed on record.

CASE HISTORY AND OBSERVATIONS

A five-year-old full term pregnant Mehsana buffalo was presented with the history of dystocia. Further, the water bags had ruptured three hours before and there was no progression in foetal delivery. The animal was straining repeatedly with expulsive efforts and exhibiting all the external signs of approaching parturition. Per-vaginally, the cervix was completely relaxed and jam-packed with a large, soft and smooth oedematous mass leading difficulty in advancing the palpation. Accordingly, the case was diagnosed to be the dystocia of foetal origin and it was decided to manage per-vaginum.

TREATMENT AND DISCUSSION

Following cleaning of the perineum and achieving caudal epidural analgesia using injection lignocain HCL 10 ml between the last sacral and first coccygeal vertebra; the lubricated hand was introduced into the uterus through vagina by pushing back the jam-packed foetal parts. Eventually, it became possible to palpate the atrophied jaws of the foetus, while the limbs

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could not be traced. Subsequently, two obstetrical hooks were separately placed between the mandibles and in the oedematous mass. While applying progressive gentle traction to each of the hooks, one hand was kept inside the genital tract for giving requisite force and the directions to the foetal parts. Ultimately, a dead oedematous foetal monster was delivered. While the genital tract was examined to rule out the possibilities of injury and removal of the afterbirths, one more normal sized dead foetus was palpated inside the uterus and could be easily removed. Subsequently, both the easily detachable placentas were removed manually and four Oripri-U boluses were put in each uterine horn. Injection calcium-borogluconate 450 ml intravenously was given once and injections oxytetracycline 40 ml, chlorpheniramine meleate 10 ml and ketoprofen 15 ml, intramuscularly

were given for three consecutive days. Soon, the animal recovered uneventfully. The majority of monstrosities are described as single with deviated morphology of typical monster (Arthur *et al.*, 2001). However, two defects *viz.* anasarca and amelia all together were observed in the present case.

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Figure 1. Fetal anasarca coupled with amelia of one foetus in twin pregnancy.