Short Communication

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Monocephalus Dibrachius Tetrapus Monster with Atresia ani in a Buffalo

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ABSTRACT

A full term pregnant buffalo with a history of rupturing a water bag was presented in the clinic and both forelimbs of the fetus were out of vagina. On gynaecological examination, the case was diagnosed as dystocia due to a monster. Thereafter, with coordinated force and effort of 30 minutes, a monocephalic, dibrachius, tetrapus female monster along with atresia ani condition in anterior longitudinal presentation with dorso-sacral position was delivered. Animal recov-ered after follow-up treatment of 7 days.

***Keywords*:** Buffalo, Dystocia, Fetus, Monster, Tetrapus

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INTRODUCTION

A fetal monster is an individual that has undergone severe damage during pregnancy (Purohit*et al*., 2011) and leads to disturbance in normal development of fetus involving various organs and systems which can result into a great distortion (Vegad, 2007) in size, shape and conformation of the fetus. The monstrosities are associated with either infectious diseases or congenital disabilities, which may or may not interfere with birth (Arthur *et al*., 2001). Abnormal duplication and/or disruption of the inner cell mass in an embryo give rise to congenital fetal abnormalities with par-tial duplication of body structures. Duplication of cranial portion of the fetus is more common than caudal portion (Roberts, 1986a).It is assumed to be caused by genetic or environmental factors or by their interaction or by ageing ova ((Purohit *et al*., 2012, Ferick *et al*., 2014).In this report per-vaginal delivery of a monocephalic Dibrachius tetrapus monster along with two vulval openings and atresia ani condition is discussed.

CASE HISTORY AND OBSERVATIONS

A five year old full term pregnant primipara buffalo was presented at the Department of Veterinary Gynaecology and Obstetrics, U.P. Pandit Deendayal Upadhyay Pashu Chikitsa Vigyan Vishwavidhyalaevam Go-Anusandhan Sansthan, Mathura with the history of dystocia. Initiation of parturition with rupture of water bag around ten hours before but the second stage of labour was not progressing. The case was treated at the field level to relieve the condition but was unsuccessful. On external examination, both forelimbs were out of the birth canal and the animal was straining. Per-vaginal examination revealed that the fetus

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was in anterior longitudinal presentation with dorso sacral position and head was laterally deviated.

TREATMENT AND DISCUSSION

On the basis of per-vaginal examination, it was decided to relieve the dystocia through obstetrical maneuver. Birth canal was adequately lubricated with liquid paraffin. Initially, Injection dexamethasone @ 40 mg total dose and Injection Zakshot 20 ml, intramuscularly were administered. Thereafter, laterally deviated head was palpated and corrected manually and eye hook was applied in the medial eye canthus and a coordinated traction was applied. When the head came out of vulvar lips then traction was applied with a long handle hook on the both sides of the rib region and obstetrical chains in both forelimbs. After an effort of about half an hour, a monocephalic, Dibrachius, tetrapus femalemonster along with two vulval opening, single tail with absence of anal opening (Atresia ani) was delivered (Fig. 1).

Fig. 1: Monocephalic Dibrachius tetrapus monster fetus with two vulval opening

Post operatively, oxytocin 60 IU intramuscularly, Ca borogluconate 300mlslow intravenous and 150 ml subcutaneously, injection ceftriaxone @ 4.5 gm intramuscularly, meloxicam @ 125 mg intramuscularly and fluid therapy (injection Ringer lactate @ 3 litre, injection Dextrose @ 2 litre intravenously) was administered. Bolus oxytetracycline @ 3gm was put inside the uterus as intrauterine therapy. Animal recovered after follow-up treatment of 7 days. Conjoined twins arise from a single ovum and are monozygotic. They are the result of incomplete division of a fertilized ovum and show great variation from partial duplication to almost complete separation of two individuals, joined in just a few places (Robert, 1986b). In the present case, presence of four acetabular cavities was there by which all hind limbs were attached and fusion of bony pelvis with the underdeveloped ilium bone of medial side. Two medial hind limbs were ankylosed and presence of two vulval openings indicated that the conjoined twins were female along with single tail and absence of anal opening (atresia ani). Atresia ani with tetrapus fetus was also reported by Shojaei *et al.* (2010). Tetrapus fetus in anterior presentation can be delivered manually with assistance if the proper obstetrical instrumentation and technique are applied, which can avoid the major obstetrical operations like fetotomy or caesarean section.

CONCLUSION

Monster fetus in anterior longitudinal presentation with duplication of caudal region requires sufficient dilation of cervix, proper relaxation and lubrication of birth canal. Along with this, skill to align the fetus and use of balanced coordinated force for traction of fetus without causing damage to the birth canal is required because such conditions may create obstetrical problems even after expulsion of the cranial portion due to increased size of caudal region.

CONFLICT OF INTEREST

Authors declares no conflict of interest

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