Short communication

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Dystocia Due to a Monocephalus Tetrabrachius Tetrapus Dicaudatus Conjoined Monster in a Non-Descript Doe

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ABSTRACT

Fetal anomalies and monstrosities are common cause of dystocia. The occurrence of foetal monstrosities often leads to difficulty in parturition and also failed to be delivered by traction. It is important to know various types of monsters which cannot be removed without Caesarean section. The present case report describes such type of monocephalus fetal monster having four forelimbs, four hind limbs and two tails which was successfully managed by caesarean section in a 4-year-old nondescript doe.

Key words: Conjoined twins, Monster, Tetrabrachius, Tetrapus, Caesarean section.
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INTRODUCTION

Congenital defects are structural and functional abnormalities present at birth because of developmental disturbances (Shojaei *et al.,* 2016). Fetal monstrosities are common fetal cause of dystocia in animals (Sharma, 2006). Dystocia is a common sequela of fetal monstrosities (Shukla *et al.,* 2007). Duplication of cranial portion is more common than caudal portion (Roberts, 2004). Conjoined twins are considered as a congenital malformation occurring in the germinal layer arising from a single-oocyte (Saeedah *et al.,* 2020). Abnormal duplication of germinal area in fetus will give rise to congenital fetal abnormalities with partial duplication of body structure (Roberts, 2004).

CASE HISTORY AND OBSERVATIONS

A full term four-year-old non-descript doe in its second parity was presented to the Veterinary Clinical Complex, Garividi with a history of anorexia, straining for the past six hours with ruptured chorioallantoic sac few hours before but no progress in delivery. Physiological parameters were within the normal range. Per vaginal examination revealed that the birth canal was completely impacted with four limbs. The case was tentatively diagnosed as fetal monster and an emergency caesarean section was carried out.

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TREATMENT AND DISCUSSION

Doe was maintained upon fluid therapy using Dextrose normal saline (500ml; I/V). Caesarean section was performed upon local anesthesia using 2% lignocaine. The animal was placed in right lateral recumbency and the surgical site was clipped shaved and prepared for aseptic surgery. An incision was made in the ventral midline and it was deepened by incising through the muscle layers and peritoneum to reach the abdominal cavity. The uterus was exteriorized and a dead fetus (Fig 1) was tractioned out gently after careful manipulation. The uterine incision was closed with catgut size 0 in double layer inversion suture pattern, thereafter muscles and skin were sutured in routine manner. Post operatively, the dam was maintained on fluids, antibiotics, other supportive therapy for the next five days. An uneventful recovery was noticed. Dicephalus monsters have been reported buffalo (Srivatsava *et al.,* 2008) and cows (Abraham *et al.,* 2007). Dystocia due to conjoined twins have been reported earlier in buffalo (Singh and Pandey, 2013; Sachan *et al.,* 2016; Gehlod *et al.,* 2017) and in cow (Sharma *et al.,* 2013; Kumar *et al.,* 2014). The incidence of fetal monstrosities is rare but when it occurs it often leads to caesarean section or fetotomy (Sharma *et al.,* 2013). In the present case, caesarean section was recommended rather than fetotomy because of limited usefulness except in few cases of monsters which was in agreement to the findings of Dholpuria *et al.,* 2016 and Nijin Jose (2020). Monstrosities are malformed monozygotic individuals due to abnormal duplication of germinal area, giving rise to a fetus whose body structures are partially duplicated (Sharma *et al.,* 2010). The current case report described such monster which was successfully delivered upon caesarean section.

Fig. 1: Fetal monster delivered upon caesarean section.

CONCLUSION

This case report concludes that most of the fetal monsters in small ruminants can be successfully relieved by caesarean section rather than manual traction.

CONFLICT OF INTEREST

None.

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