DYSTOCIA DUE TO LATERAL DEVIATION OF HEAD IN MARE – A CASE REPORT

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ABSTRACT

A case of dystocia in a mare with longitudinal presentation, dorso-sacral position with lateral deviation of head and bilateral knee flexion was presented in Veterinary Clinical Complex of the university and was resolved by caesarean section under gaseous anaesthesia.

Key words: Caesarean section, Dystocia, flexion of knee joint, lateral deviation of head

INTRODUCTION

One of the most challenging conditions faced by equine practitioners is dystocia in Mare (Purohit, 2011). However, incidence of dystocia in mare has been much less documented than cattle (Al-Dahash et al., 2013). Major cause of dystocia in mare is the mal-posture of long extremities (Frazer, 2001).Deviations of the head and neck are common type of abnormal posture in anterior presentation causing dystocia in all species (Roberts, 1971).Present communication reports a case of dystocia in a mare due to severe lateral deviation of the head and neck of fetus which was resolved by caesarean section under gaseous anaesthesia.

CASE HISTORY AND OBSERVATION

A non-descript mare with a history of dystocia and straining since last 3 days was referred in the Veterinary Clinical Complex of the University. Tetanus toxoid (5 ml) was given intramuscularly and following low epidural anaesthesia (5 ml, 2% Lignocaine hydrochloride), a thorough vaginal examination revealed that head of fetus was not approachable by hands and both fore limbs were flexed at knee joint.Case was diagnosed as dystocia due to lateral deviation of head and neck and bilateral knee flexion. Autolytic changes were evident in the fetus. Bilateral flexion of knee joint was corrected and both forelimbs were extended outside.

TREATMENT AND DISCUSSION

The preparation of the mare (tail wrap, thoroughly cleaned perineum and disinfected clinicians arm) was done before starting obstetrical procedure as suggested by Ley et al. (1989). By mutation both the fore limbs were corrected and extended but head was still not approachable. So it was decided to go for caesarean section under isofluraneanaestheia. Fetus was delivered by caesarean section (Fig. 1)and a Foley's catheter was applied at the incision site for promoting drainage (Fig. 2). Antiseptic dressing for 10-12 days was advised.

Fig. 1: Dead foal delivered by Caesarean section

Fig. 2: Sutured skin of mare after Caesarean section and applied with Foley's catheter

The mare was administered with supportive therapies (5litersof normal saline and 4liters of dextrose normal saline IV), antibiotic (4.5g of cefaperazonesalbactum IV) anti-inflammatory (60 mg of meloxicam IM,70 mg, chlorpheniramine maleate IM, and10 ml vitamin B complex injection (Tribivet®, Intas PharmaceuticalsLtd). Four cleanex® (Dosch Pharmaceuticals Pvt Ltd) boluses were placed intra-uterine. The supportive treatments were advised further for five days.

Equine dystocia, though uncommon, is a true emergency and threatens survival of both dam and foetus (Freeman *et al.,* 1999). According to Vandeplassche *et al*.(1980), a deflected head is the most prevalent reason of dystocia and can be corrected by reposition (27%),after a partial fetotomy (65%) or by caesarean section in a minority of cases (8%). In the present case, due to the lack of proper space for mutation and unapproachable head, caesarean section was opted.

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