A RARE CASE OF DICEPHALIC MONSTER ALONG WITH FETAL ASCITES IN A NON-DESCRIPT CATTLE

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ABSTRACT

The present communication reports the delivery of a monster fetus by caesarean in a non-descript cattle. The delivered fetus was dicephalic, and with ascites, which is rare.

Keywords: Dystocia, Ascites, Dicephalic, Caesarean, Monster

INTRODUCTION

Dystocia is the most common sequel of fetal monstrosities in bovines because of duplicated parts and increased number of limbs (Shukla et al., 2007). Dicephalus is a state of congenital duplication which involves the head with or without the involvement of the neck (Sinowatz, 2010). Double headed calf represents a case of absolute foetal monster which leads to dystocia. Such condition could be resolved through fetotomy or caesarean section (Sharma, 2006; Long, 2009). In the present case, the condition was further complicated by additional fetal ascites condition. Foetal ascites is seen as an occasional cause of dystocia in many species but occurs most often in the cow (Roberts, 1971). The present paper reports surgical delivery of a dicephalic monster fetus along with fetal ascites in a non-descript cattle.

CASE HISTORY AND OBSERVATIONS

A full term pregnant, non-descript cattle aged about 4 years was presented to Veterinary Clinical Complex, Mathura with the history of no progression of labour. Straining efforts and vaginal discharge was noticed by the owner 48 hours before. Appetite and water intake was normal. On physical examination, animal was looking alert and active. Preparatory signs of calving were evident in the animal. Mucoid vaginal discharge was also present.Vaginal examination revealed improper vaginal relaxation and partially dilated cervix. Vaginal examination also revealed the double heads of the fetus. Presentation, position and posture of fetus were anterior longitudinal, dorso-sacral, extended forelimbs, respectively. Due dicephalic condition and partially dilated cervix, it was decided to perform caesarean operation..

TREATMENT AND DISCUSSION

Animal was restrained in right side recumbence. Incision site (oblique ventro-lateral) was prepared aseptically. Animal was administered haemostat, corticosteroid, antibiotic and antihistaminic pre-operatively. Local infiltration with lignocaine hydrochloride 2% was carried out to desensitize the operative area. Along with this, epidural anaesthesia was also given. After laparotomy, uterus was exposed and incised. Fetus was delivered with assistance (Figure 1). Delivered fetus had two heads with fetal ascitis condition (Figure 2). Laprotomy wound was closed as per the standard protocol. Animal recovered uneventfully without any post-operative complications.

Dicephalus is described as an abnormality of incomplete separation of heads resulting from twinning in animals (Long, 2009). Embryonic duplications are malformation due to abnormal duplication of the germinal area giving rise to fetuses whose body structures are partially duplicated. The embryonic disk starts to differentiate on the 13th day. If the split occurs after day 13, then the twins will share body parts in addition to sharing their chorion and amnion (Finberg, 1994). In the present case, a dicephalic fetus with ascites condition was delivered. Fetal ascites can result into dystocia as a result of increase in abdominal diameter. Ascites can be caused by overproduction or insufficient drainage of peritoneal fluid and blockage of lymphatics (Sloss and Duffy, 1980). Ascites can also occur due to reduced urinary excretion (Purohit et al., 2012). Ascetic fetus can be delivered by abdominal puncture; however in the present case fetus was delivered by caesarean section.

It was concluded that performing caesarean operation in cattle dystocia due to dicephalic monster with ascites condition may be considered wise decision if the per-vaginal approach is not sufficient.

REFERENCE

Finberg, H.J. (1994). Ultrasound evaluation in multiple gestation. In: Callen's Ultrasonography in Obstetrics and Gynecology, 3rd ed. Harcourt Publishers. pp 121

Long, S. (2009). Abnormal development of conceptus and its consequences, In: Veterinary Reproduction and Obstetrics, Noakes, D.E., T.J. Parkinson and G.C.W. England (eds.), Saunder's ltd, London. pp 119-142.

Morrow, D.A. (1986). Congenital defects affecting bovine reproduction, In: Current Therapy in Theriogenology, 2nd ed., W.B. Saunders Co., Philadelphia, USA. pp177-199.

Purohit, G.N., Kumar, P., Solanki, K., Shekher, C. and Yadav, S.P. (2012). Perspectives of fetal dystocia in cattle and buffalo. *Vet. Sci. Dev.,***2**: 3142.

Roberts, S.J. (1971). Veterinary obstetrics and Genital diseases, 2nd ed., CBS Publishers and distributors, New Delhi.

Sharma, A. (2006). Caesarian sectionin animalsunder field conditions. Avectrospectine study of 50 cases. *Ind. Vet. J.,***83** (5): 544-45.

Shukla, S.P., Garg, U.K., Pandey, A., Dwivedi,D.P. and Nema,S.P. (2007). Conjoined twin monster in a buffalo.*Ind. Vet. J.,***79**:

Sinowatz, F. (2010). Teratology. Essentials of Domestic Animal Embryology. Elsevier, USA. pp. 338-382.

Sloss, V. and Dufty, J.H. (1980). Handbook of bovine obstetrics. Williams and Wilkins,Baltimore, USA. pp.121

Srivastava, S., Kumar, A., Maurya, S.K., Singh, A. and Singh, V.K. (2008). A dicephalus monster in Murrah buffalo. *Buffalo Bull.,***27**(3): 231-232.

Figure 1: Expusion of fetus through caesarean operation

Figure 2: Delivered monster fetus having two heads along with ascites condition