

MANAGEMENT OF INCOMPLETE CERVICAL DILATATION DURING ABORTION IN A COW

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ABSTRACT

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A case of incomplete cervical dilatation in a crossbred cow during abortion and its successful management is reported.

Key words: Abortion, Cow, Incomplete dilatation of cervix.

INTRODUCTION

Failure of cervical dilatation is probably caused by hormonal factors that fail to produce a normal relaxation (Roberts, 1971). Present communication reports a case of successful medical management of incomplete cervical dilatation in an aborting crossbred cow.

CASE HISTORY AND OBSERVATIONS

A pluriparous Jersey crossbred cow aged 4 years was presented with the history of six months pregnancy and constant straining since last twelve hours without any progress in fetal expulsion and uterine discharge. The cow had calved once earlier and without any complication. Clinical examination revealed normal temperature and elevated pulse and respiration. Udder engorgement and relaxation of sacrosciatic ligament were absent. Rectal examination revealed the presence of fetus inside the uterus with no fetal movement. Vaginal examination indicated only two fingers dilatation of cervix and fetal parts could not be palpated to identify the presentation and position. Based on the observation

and examination, the case was diagnosed as dystocia due to incompletely dilated cervix in an aborting cow.

TREATMENT AND DISCUSSION

The treatment was initiated by administering Cloprostenol Sodium (Cyclix, Intervet Pvt Ltd.) 526 µg, Dexamethasone 40 mg (Dexona, Zydus Animal Health Ltd.) and Valethamate bromide 70 mg (Epidosin, TTK, Healthcare Ltd.) intramuscularly. Vaginal examination was performed regularly at every 12 hours interval. At 24 hours of treatment, cervical relaxation progressed up to three fingers. After 48 hours vaginal examination revealed that the cervix was completely dilated and the fetus was delivered manually with mild traction after correction of the postures. The fetus was 18 inches in length with slight skeletal defects of the fore limbs. Following the fetal delivery, the cow was prescribed with a course of broad spectrum antibiotics, herbal uterine ecbolics and anti-inflammatory medications.

Administration of PGF₂α along with Valethamate bromide is the recommended treatment in such cases to facilitate dilatation of cervix. Singh *et al.* (2003) used a combination of PGF₂α, Valethamate bromide and Diethylstilbesterol successfully in dilating

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cervix to expel a mummified fetus. In a similar type of clinical case of abortion with incomplete cervical dilatation, Mishra *et al.* (2004) used combination of PGF₂α, Valethamate bromide, Dexamethasone and Diethylstilbestrol along with hot fomentation of anterior vagina for 15 minutes thrice at every 2 hours and reported sufficient dilatation of cervix at 24 hours. However, in the present case hot fomentation was not applied and the combination of treatment does not include Diethylstilbesterol but still the cervix

was completely dilated at 48 hours of examination. This might be one of the reasons for taking a longer duration for the dilatation of cervix. In another study Das *et al.* (2008) reported use of PGF₂α along with Valethamate bromide successfully dilated cervix in a buffalo after 23 hours of administration in a dystocia case. Present communication further confirms earlier studies that PGF₂α along with Valethamate bromide can be successfully used to dilate cervix in cases of abortion without any side effects to the dam.

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