DYSTOCIA DUE TO FETAL ANASARCA WITH NORMAL LIVE FETUS IN CO-LATERAL UTERINE HORNS IN A LABRADOR BITCH– A CASE REPORT

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ABSTRACT

An eighteen months old Labrador bitch was presented with history of dystocia for twelve hours after whelping a dead pup. Administration of oxytocin and calcium gluconate by field veterinarian failed to relive the dystocia. Ultrasonography revealed presence of two live fetuses in the uterus and one dead fetus in the birth canal. Hence, caesarean section was performed under general anaesthesia and one dead anasarca fetus along with two live fetuses was delivered.

Key words: Caeserean Section, dystocia, fetal anasarca, Labrador bitch and Dystocia

INTRODUCTION

Greater than 70% of reported cases of canine dystocia are as a result of uterine inertia (Darvelid and Linde, 1994) because of uterine fatigue resulting from a specific cause for dystocia such as fetal obstruction or due to failure of sufficient uterine contractions to expel the conceptus when the bitch has a normal birth canal and normal sized fetuses (Feldman and Nelson, 2004). However, actual documentation of myometrial activity is difficult without tocodynamometry initiated before the first stage of labor (Davidson, 2003 and Davidson, 2011). Elective caesarean surgery may be considered when there is expected feto-maternal disproportion mostly observed in brachycephalic breeds (Noakes *et al.,* 2019). Present article reports a case of fetal anasarca along with two live fetuses causing secondary inertia in a Labrador bitch.

CASE HISTORY AND OBSERVATION

An eighteen months old Labrador bitch weighing 22 kgs was presented to the Veterinary Clinical Complex with the history of delivering a dead fetus twelve hours ago. Attempts to relieve dystocia were made by administering oxytocin and calcium gluconate by field veterinarian but, failed to deliver fetuses or placentae. Clinical examination revealed that the vital parameters were within the normal range. Rectal temperature, respiratory rate and heart rate were found to be 101.5°F, 18 breaths per minute and 97

beats per minute, respectively. Physical examination revealed enlargement of mammary glands and swollen vulvar lips. The bitch was dull and depressed with no overt signs of straining. Per-vaginal examination revealed that there was sufficient dilation of birth canal and extremities of the fetus could be palpable and upon traction on the fetus, no progress in delivery took place. Ultrasonographic examination was carried out with 7.5 MHz frequency transducer, which revealed two live fetuses one dead fetus in the birth canal. As medical management failed to correct the condition, the only option was to perform caesarean section.

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TREATMENT AND DISCUSSION

The bitch was pre-medicated with atropine sulphate (0.8 mg) intramuscularly and sedated with intramuscular administration of xylazine (20 mg) and ketamine (50 mg) combination. After 20 minutes, she dog was moved to operation theatre and made to lay in dorsal recumbency on the bed where surgery was performed. Surgery was performed by following standard operation procedure under general anaesthesia (Noakes et al., 2019). Incision on the uterine body was made and one dead anasarcous fetus (Fig.-1) along with two live fetuses was delivered (Fig.2). Uterus was washed with metronidazole and povidone iodine solution diluted with normal saline and sutured with catgut (#1) by Cushing and Lambert pattern. Muscle layer was sutured with vicryl (polyglactin -910) (#1) by interlocking suturing pattern and skin sutured with silk (#1) by horizontal mattress simple interrupted sutures. Post-operatively, antibiotic (Ceftriaxone + Tazobactum 562.25 mg, I.M.), NSAID (Flunixin meglumine, 20 mg, I.M.) and vitamin B and C were prescribed for 5 days. Antiseptic dressing with liquid povidone iodine solution was suggested for ten days. Animal recovered successfully and skin sutures were removed on eleventh day. In the present case, cervix was fully dilated, with the delivery of one dead fetus prior to twelve hours and per vaginally fetal extremities were palpable but traction did not resulted in successful delivery. In the present case enlarged anasarcous fetus was the cause for secondary uterine inertia. However, dystocia due to secondary uterine inertia was less common than primary uterine inertia in bitches (Smith-Carr, 2005 and Kutzler, 2009).

Fig.1: Anasarca fetus delivered by caesarean section

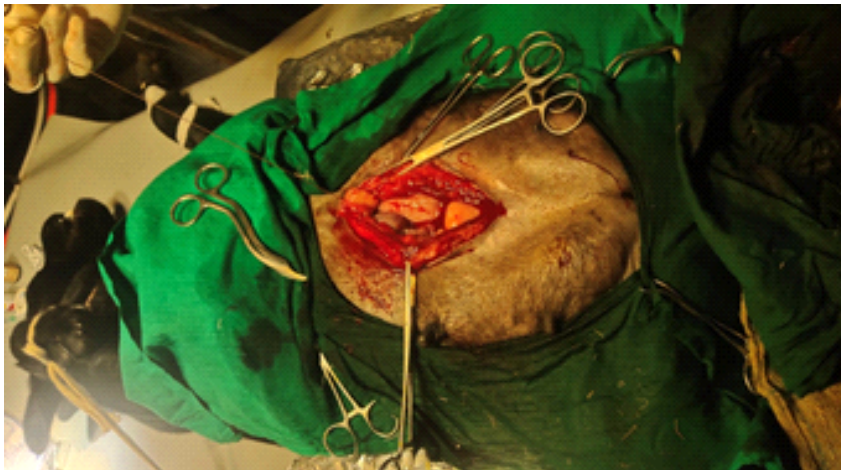

Fig. 2: Photograph showing Caesarean Section in bitch

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