PER VAGINAL DELIVERY OF A FETUS FOLLOWING PARTIAL DETORSION IN A BUFFALO

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ABSTRACT

Successful per vaginal delivery of a fetus following partial detorsion in a buffalo is presented.

Key words: Partial detorsion, Per vaginal delivery, Buffalo

INTRODUCTION

Torsion of uterus has been reported to be one of the major causes of dystocia in cattle (Roberts, 1971). Schaffer's method is commonly practiced to relieve the uterine torsion in both cows and buffaloes (Roberts, 1971). The present case reports the successful per vaginal delivery of a fetus following partial detorsion of the uterus in a buffalo.

CASE HISTORY AND OBSERVATIONS

A five year old graded buffalo about eight months pregnant was brought to the Emergency and Critical Care Unit of the Madras Veterinary College Teaching Hospital with the history of continous straining and unable to deliver the fetus since two days. General examination revealed that the animal was recumbent, exhausted and had dyspnoea and elevated temperature (39.5° C). Per vaginal examination revealed fetid vaginal discharge with stretched vaginal folds twisted anticlockwise. The cervix was not palpable. Rectal examination revealed the crossing over of broad ligaments, palpable fetus and imperceptible fremitus. The case was diagnosed as post cervical left uterine torsion of more than 180°.

TREATMENT AND DISCUSSION

Correction of uterine torsion was attempted following Schaffer's technique as outlined by Robert's (1971). The animal was casted on the left side and rotated once on the same side. Subsequent per vaginal examination revealed partial detorsion sufficient enough to pass the hand through the fold and the fetal parts were palpable. Fetal reflexes were absent. Based on the per vaginal examination of fetal hoof circumference, it was assessed that the fetal size was considerably small. Adopting the same technique, another rolling was given on the same side. Per vaginal examination immediately after rolling revealed no further progression. Based on smaller size of the fetus and lesser degree (90°) of vaginal twist, it was decided to attempt per vaginal delivery of the fetus by following meticulous obstetrical procedures. Following liberal application of liquid paraffin, the fetus was slightly moved towards left side. By exerting gentle downward pressure guarding the vaginal folds with cupped hands, the fetus was brought in to the vaginal passage and then delivered by simple, gradual steady traction. Examination of the fetus revealed that it was dead and appeared comparatively smaller in size. Per vaginal examination immediately after delivery of the fetus revealed no laceration or tear of the birth canal and the vaginal folds still persisted. The dam was treated with 5% DNS (3000 ml) intravenously and intramuscular injections of Ciprofloxacin 3000 mg, Meloxicam 90 mg and B-Complex 10 ml. Part of the placenta was gently removed manually and four Pessurea boluses were placed deep intrauterine. The dam was admitted in in-patient and the above treatment was continued for four days. The animal was examined per vaginally daily and on third day the vaginal fold was not appreciable. On fourth day, the animal was discharged.

Krishnamurthy *et al.* (1999) and Manda Srinivas *et al.* (2007) reported that majority of uterine torsion in

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buffalo occurred at full term pregnancy and about 15% of the animals developed uterine torsion during 7-9 months of gestation. Manda Srinivas et al. (2007) reported that 85% of torsion in buffaloes was relieved by Schaffer's method. Deori *et al.* (2009) reported that dystocia due to torsion in buffaloes were corrected by single rolling with Schaffer's method. Further, Nanda *et al.* (1991) opined that response to Schaffer's method was good in fresh cases while in delayed cases, detorsion failure occurred due to utero-omental adhesions. In general, when the Schaffer's method is unsuccessful to relieve uterine torsion, C-section has to be resorted. But in the present case of partially relieved torsion, per vaginal delivery was possible due to the small size fetus and meticulous obstetrical procedures. Hence, it is concluded that if uterine torsion occurring around 7 months of pregnancy with less than 90^0 of torsion partially corrected with Schaffer's method, per vaginal delivery can be successfully attempted with meticulous obstetrical procedures to avoid caesarean section.

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