DYSTOKIA IN A MARATHWADI BUFFALO DUE TO MONSTER WITH ARTHROGRYPOSIS

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ABSTRACT

A female monster with Arthrogryposis, micromelia, & atresia ani, placed on record in a Marathwadi buffalo.

Key Word: Monster, Arthrogryposis, Micromelia, Atresia, Buffalo

INTRODUCTION

Fetal anomalies and monstrocities of various kind causing dystocia in catlle (Arthur et al., 1989) and buffaloes (Shukla *et al.*, 2006) have been recorded. The fetal anomalies are believed to occur due to adverse factors affecting the foetus in early stages of development. The present paper places on record a case of fetal arthrogryposis, micromelia and atresia ani causing dystocia in a Marathwadi she buffalo.

CASE HISTORY AND OBSERVATIONS

A five year old Marathwadi buffalo was presented at Teaching Veterinary Clinical Complex, Veterinary College, Udgir for second parturition with history of completion of gestation period with failure of parturition, continuous labour pain, restlessness, reduced feed and water intake and straining for over last 12 hours. First water bag was ruptured 4 hours before reported. Previous calving of the animal was reported to have been normal. Physically animal was dull, depressed, and exhausted due to severe straining. Per-vaginal examination revealed dry birth canal and the foetus was in normal presentation, position and posture. Foetal movements and other reflexes were absent, hence the foetus was considered dead. Before manipulation, the animal was treated with Dextrose 5% @ 3000ml I/V, cortisone and antibiotics. Epidural anaesthesia was performed with 2 % lignocaine hydrochloride. Birth canal was lubricated with carboxy methylcellulose sodium @ 20 gm per lit. in luke-warm water.

TREATMENT AND DISCUSSION

Partial foetotomy was performed on skin of the foetus to reduce anasarca. Forced traction was applied and dead female foetus was delivered successfully without any post operative complication to the dam. The dam was normal and shed placenta within 5 hrs.

On gross examination, the foetus was a female calf weighing 19 kg . The lower mandible of the foetus was underdeveloped. All the limbs were ankylosed showing joint contracture. Both hind limbs were much more curved anterior (Arthrogryposis), forelegs were ill developed (micromelia). There was knuckling of the hind limbs. The neck was contracted. There was no proper development of bones of vertebral column and spinal cord was underdeveloped. Anus was absent. Anasarca was observed (Fig.).

On postmortem examination, all internal organs were ill formed. The trachea was found to be diverted, the thoracic cavity was not fully developed, the heart was enlarged (cardiomegaly) and the lungs and diaphragm were not fully developed.

Monsters are generally considered to be due to a simple, autosomal recessive defects with some modifiers (Roberts, 1971). Monster with multiple bone deformities is though uncommon have been reported previously by Sastry, (1983) The fixation of the joints in

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the present case may have been due to lack of extensibility of the muscles, ligaments or atrophy resulting from neuropathy (Tyagi and Singh, 1996). Non-hereditary causes of muscular contractures have also been reported by Roberts, (1971).

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Fig.: Monster with Arthrogryposis, micromelia and atresia ani in Marathwadi buffalo