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Case Report

Schistosomus reflexus condition in Sheep

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ABSTRACT

Cases of schistosomus reflexus in Deccani sheep is reported and managed successfully with caesarean operation.

Key word: Dystocia, schistosomus reflexus, sheep

Schistosomus reflexus is seen most commonly in cattle but in some cases it may be observed in sheep, goat (Dennis and Meyer, 1965; Wani *et al.* 1994) and swine. It is characterized by a marked ventral curvature of the spine so that the occipital bone of the head lies near the sacrum. The fetal body and chest walls bent laterally exposing thoracic and abdominal viscera with deformed pelvis. The liver is abnormal in shape and cystic. The rumen is occasionally distended with fluid. The limbs are usually ankylosed and rigid but in rare cases the limbs and head may be enclosed in a complete sac of skin. The incidence of schistosomus reflexus in bovine dystocia were 1.3% (Knight, 1996) and 0.05% (Kispouridis and Karagiannidis, 2001). The author would like to place on record a case of schistosomus reflexus in Daccani sheep, which was successfully delivered with caesarian operation.

Case history: - A deccani sheep aged 4 years, which had given two lambings earlier and now with advanced stage of pregnancy showing signs of lambing with exposed intestinal organs through the vagina and hanging out side of the vulva (Fig. 1) was reported for the treatment at a rural livestock unit Porandla village of Karimnagar district. The Shepherd told that sheep was restless from 12.00 noon on the day of reporting and it was lying down and getting up in the grazing field and grazing while standing. The shepherd brought the animal for delivery of dystocia and treatment of suspected vaginal hernia in the evening at 6.30 p.m. It had a previous history of normal lambing in earlier two lambings.

Clinical examination and Surgical treatment: - Ewe was found to be having normal rectal temperature of 103.5° F, normal conjunctival mucus membrane and the animal was active . After aseptic cleaning of perennial region and exposed intestinal portion per vaginal examination revealed that, the fetal body is palpated but the fetal limbs could not be palpated and intestines are observed in the vagina with no vaginal rupture being evident. The fetus was not allowing space for repulsion and mutational operation and with the suspicion of the vaginal hernia, it was also not tried much for the fear of increasing vaginal tear or rupture of the intestines. Therefore it was decided to perform the caesarean operation as an emergency intervention to save the life of animal.

After aseptic preparation of the site of operation Lignocaine 2% was given as local anaesthesia in a leaner infiltration method at the right side between milk vein and para median line with the help of B.P. blade 5-6 inches incision was made on the skin, abdominal muscle and peritoneum. The uterine horn containing the fetus was exposed out side the incision site. Four inches incision on the uterus was made and fetus removed by holding its neck using gentle traction. It was found that the fetus was in transverse presentation signifying lateral position and the limbs were extended into the two uterine horns. Then the detached portion of the

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Then the detached portion of the placenta was removed and conformed that there is no second fetus in the uterus. The uterus was sutured with no.2 catgut suture as a continuous inverted matress suturing pattern in two layers. After the completion of suturing of the uterus the exposed intestinal portion was dropped from the vagina and had downfallen to the ground. Then on observing the fetus it was found that since the opening of the abdomen did not show any visceral organs inside the foetal abdomen, then it was conformed this dystocia was due to schistosomus reflexus condition of the fetus (Fig. 2). The intestines were expelled out from the uterus due to initiation of parturition. These intestines caused the suspicion of vaginal hernia. Then the peritoneum and abdominal muscles were sutured separately with no. 2 absorbable cat gut suture material simple continuous and continuous horizontal matress suture respectively . Later after antiseptic dressing of the wound Himax ointment was applied. The dressing of the wound was done every day for 4days continuously. A course of injection Oxytetracyclin 7.5 mg per kg. body weight per day intra muscularly for four days together with Bolus Robetran (Sulpa demidine + Trimethoprim , TTK pharma) one per day given orally for four days . The injection Diclofenac sodium 2 ml per day was given for three days. After the completion of the caesarean operation the animal was able to stand on her legs and started rumination, then it drunk two litters of drinking water. The animal was kept in the resting shed for two days and then allowed for normal grazing along with the flock. After 8 days the wound had healed completely and the skin sutures were removed.

Fig 1: Sheep reported with dystocia having exposed intestine hanging through the vulva.

Fig 2: Schistosomus reflexus condition of the fetus

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