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Case Report

Dystocia due to feto-pelvic disproportion in a squirrel monkey

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ABSTRACT

A rare case of dystocia in a captive squirrel monkey relieved by obstetrical manoeuvering is documented.

Key words: Dystocia, Monkey, Mutation

Incidence of dystocia is high in non-human primates which is a major factor contributing to high rate of perinatal mortality (Aksel and Aber, 1983). Predisposing factors for the occurrence of dystocia in this species include abnormal fetal size, presentation and position as well as narrow maternal pelvis (Fortman *et. al.*, 2002)

A primiparous squirrel monkey of 4 years of age was brought to the Veterinary Clinics, GADVASU, Ludhiana, with the history of incomplete gestation (approximately 100 days). The monkey was exhibiting severe abdominal straining along with some watery discharge for the last 24 hours. The feed and water intake was also reduced.

At the time of clinical examination, the monkey was dull and depressed, but all the clinical parameters viz. temperature, pulse rate, heart rate and respiratory rate were within normal range. Pervaginal examination revealed a dry but relaxed birth passage. The fetal head was stuck behind the pelvic inlet. Further examination revealed the absolute feto-pelvic disproportion as the size of the maternal pelvis was also normal in comparison to the big sized fetal head. In addition, the fetal head was deviated towards right lateral side with absence of fetal reflexes.

To relieve dystocia, the birth passage was adequately lubricated with 250 ml of carboxy methylcellulose gel dissolved in normal saline. Thereafter, the lateral deviation of the head was corrected by applying moderate traction with fingers hooked on to the eye orbit. A dead male fetus was delivered by moderate traction applied on fetal head. Placenta was expelled immediately after delivery. The post- manoeuvering treatment of the dam included inj. Ampicillin and Cloxacillin 250 mg bid, inj. pheniramine maleate 2 ml and inj. B-Complex vitamins 2 ml, intramuscularly for three days and an uneventful recovery was noticed.

The major cause of dystocia in squirrel monkeys is an absolute feto-pelvic disproportion; infant's relatively large sized head and higher birth weight i.e. 15-17 per cent of mother's weight for male and 5-8 per cent for female (Fortman *et. al.*, 2002). In the present case, the fetal head was larger relative to the pelvic inlet of the dam. After the onset of premature delivery, uterine contractions might have propelled the fetal head towards lateral side and created complications in normal delivery of the fetus. Attempt for the correction of deviated head following ample lubrication was successful to deliver the fetus, however, the reason for the onset of premature delivery remained unclear.

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REFERENCES

Aksel, S. and Abee, C. R. 1983. A pelvimetry method for predicting perinatal mortality in pregnant squirrel monkeys (*Saimiri sciureus*). Lab. Anim. Sci., 33 (2): 165-67.

Fortman,J. D., Hewett, T. A. and Bennet, B. T. 2002. The Laboratory Non-human Primate. CRC Press, Boca Raton, Florida;67.