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Case Report

Dystocia due to hydrothorax monster calf in a Mehsani buffalo

G.M. SIDDIQUEE[1], S. FARUQUIE[2] AND R.K. PANDEY[3]

Department of Clinics, College of Veterinary Science and Animal Husbandry,
S.D.A.U., Sardarkrushinagar, Gujarat-385 506

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ABSTRACT

A case of dystocia due to hydrothorax monster calf in a buffalo has been reported. The dystocia was relieved by performing cesarean operation and puncturing the thoracic cavity to reduce the calf size and provide access for extraction.

Key word-: Hydrothorax, monster, buffalo, dystocia.

Fetal monstrosities of various kinds occur sporadically but most often cause dystocia in cattle and buffaloes. (Aurthur *et al.*, 1989; Sane *et al.*, 1994; Kumaresan *et al.*, 2003). The present report records an incidence of dystocia in a Mehsani buffalo due to hydrothorax monster.

A Mehsani buffalo aged 8 yr in her third lactation was presented in the hospital with the complaint of dystocia since last 5 days. There was no abdominal pain but animal was off feed having temperature of 103^0 F. After proper restraining and aseptic precautions vaginal examination revealed presence of head and both the fore limbs in the dry vaginal passage. The fetus was so tightly fixed that it was not possible to introduce hand beyond vaginal passage. There was complete uterine inertia.

Per-rectal examination revealed dead fetus with feeling of fluid. There was absence of fremitus. Mutations following profuse lubrication failed, hence, it was decided to perform cesarean operation. After restraining animal in lateral recumbency, the area in front of arcus cruralis was prepared aseptically. Local infiltration analgesia was achieved by using 2% lignocaine hydrochloride. The abdomen was opened and the uterus was exteriorized by reflecting the omentum. The abdominal cavity was packed using sterile drapes. A 20 cm long incision was given on the exposed uterine horn and the dead fetus was tried to pull out but due to excessive volume it was not possible. On palpation a big fluid filled cavity was palpated. An incision was given on the dorsal aspect of the thorax, just behind the neck of the fetus and drained a lot of fluid resulting in reduction of the fetal size. Then the fetus was extracted, placenta was removed and six-furea boluses were put inside the uterus.

The uterus was sutured in two layers with continuous sutures using chromic catgut no.1 while a laparotomy wound was closed in four layers. The peritoneum was closed with simple continuous sutures using chromic catgut no.1. The abdominal muscles were sutured in two layers with continuous lock stitch pattern using chromic catgut no.2. In each layer ample Hostacylcline powder was dusted right from the uterus to the skin. Skin was closed with interrupted horizontal mattress sutures using cotton thread and the wound was dressed with tincture benzoine. During the operation two litres of DNS, 30 ml Analgin, and 40 mg Dexamethasone were infused intravenously. Fetus was monster having about 70 litres of fluid in dorsal aspect of thoracic region where a fluid filled cavity was observed on dissection. The head was comparatively small and tail underdeveloped (fig 1).

Treatment consisting of 50 ml oxytetracycline, 20 ml phenaramine maleate, 10 ml liver extract with B-Complex and 30 ml diclofenac sodium were given

[1]. Professor and Head, Deptt. of Clinics, [2]P.G.Scholar, Deptt. of Surgery and Radiology & [3]P.G.Scholar, Deptt. of Medicine.

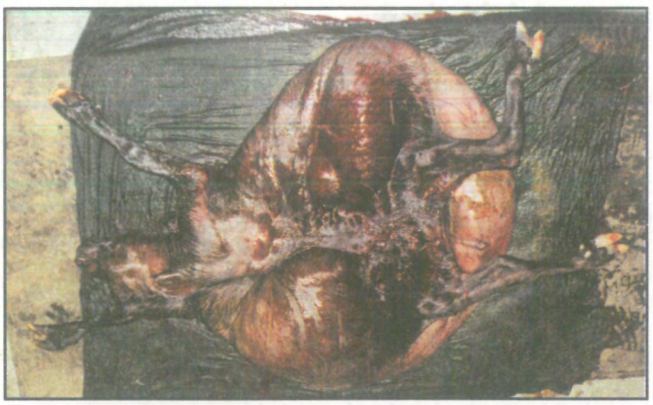

Fig 1. Hydrothorax monster calf in a Mehsani buffalo

intramuscularly for three days. The surgical wound was daily dressed aseptically till healing. Recovery was uneventful and the skin sutures were removed on 12th post-operative day. On dissection a big fluid filled cavity was observed on the dorsal aspect of thorax. Abdomen was almost normal having no fluid and distension, overruling ascites. It was also clear from the figure that fluid filled structure is limited only to the thoracic region.

Excessive accumulation of fetal fluid in the thoracic region is thought to be heritable condition determined by simple autonomic recessive gene (Roberts, 1986) and the death of the fetus results due to pressure on the vital part of the brain (Craig, 2000), however, Sane *et al.* (1994) opinioned that the cause is not definitely known but is usually ascribed to derangement of fetal circulation. Obstruction of the lymphatics for various reasons may be one to prevent the disposal of peritoneal fluid. It may also be hereditary or due to uterine disease. Sloss and Dufty (1980) also described that in majority of the cases fetal malformation is incompatible with life, while Arthur *et al.* (1989) stated that the cause is not aberrant and may be impossible to ascertain. Similar to our approach Sane *et al.* (1994), Kumaresan *et al.* (2003), and Sobti and Pandit (2004) also suggested to puncture the soft fluid filled portion with a suitable instrument to reduce the size. Arthur *et al.* (1989) opinioned that occasionally monstrosities present a baffling problem to the obstetrician. This happens when presenting part of the fetus is normal and the distal extremities are grossly malformed. Birth proceeds normally until the malformed portion engages the pelvic inlet. In such cases cesarean operation is speedier and less exhaustive relief for dystocia (Sloss and Dufty, 1980).

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