Short Communication

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# Dystocia in Goat Due to Dropsy of Fetus Born Co-Twin with Live Fetus

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## *ABSTRACT*

A non- descript goat of 6 years' age was presented to Veterinary Clinical Complex, with the history of dystocia. The goat was examined for fetal presentation, position and posture. A live male fetus was removed with gentle traction and another fetus with ascites was removed with obstetrical manipulation and partial fetotomy. A successful management of dystocia in nondescript goat due to dropsy of the fetus born co-twin along with normal fetus achieved and after three days of treatment the goat recovered successfully.

***Key words:*** Ascites, Dropsy, Fetus, Goat, Dystocia.

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## INTRODUCTION

Ascites is one of the important causes of dystocia in goat, but the prevalence of fetal dropsy is not reported in goats (Reddy, 2007). Fetal ascites is the developmental defect in which there is an accumulation of the fluid in abdomen (Noakes *et al.*, 2018) due to over production or insufficient drainage of peritoneal fluid. It becomes complicated due to accumulation of fluid in the fetal skin and tissue, resulting in dystocia due to fetopelvic disproportion (Bhardwaj *et al.,* 2019). The anasarca is developed due to lack of progress of second stage of parturition after completion of gestation period (Prabaharan *et al.*, 2016). The present case reports the rare condition of dystocia due to fetal ascites born co-twin with normal fetus.

## CASE HISTORY AND OBSERVATIONS

A non-descript goat was reported to the Veterinary Clinical Complex, COVAS, Udgir with the history of difficulty in parturition. The goat had completed the gestation period and started straining since evening. The goat was

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handled by local non-technical person and traction was applied upon which both the hind legs of one of the fetus were uprooted.

The gynaeco-clinical examination was done and it was observed that the udder of the animal was engorged along with swollen vulval lips. The vaginal mucus membrane was slightly congested and the uterine discharge was present. On per vaginal examination, one live fetus was palpable which was removed by gentle traction. On further investigation, another fetus was palpated with only head, thoracic and abdominal cavity. The ascetic fetus was in posterior presentation.

## TREATMENT AND DISCUSSION

After removing the live male fetus, the dead ascites fetus was rotated inside the uterus, as the posterior legs of the fetus were already uprooted and there was no site to apply the traction. After rotating the fetus, the loop of cotton rope was applied to the head and traction was applied. As the size of the fetus was too large, the subcutaneous fetotomy was performed by giving incision on the abdomen to remove the fluid and dead fetus was removed (Fig. 1).


**Fig.1. Ascitic fetus after partial fetotomy**

After removal of both fetuses, the animal was treated with Inj. Ringers lactate solution (250 ml I/V), Inj. Dextrose 5 % - 500 ml I/V, Inj. Ceftriaxone + Tazobactum @ 10 mg/kg I/V, Inj. Chlorpheniramine maleate @ 0.2mg/kg I/M, Inj. Flunixine Meglumine @ 1.1 mg/kg I/M, Inj, Adchrome (2 ml I/M), Inj. Methylergometrine (1 ml I/M) was given parenterally and Bol. Ropitas (2 boli) were kept inside the uterus. The antibiotic, anti-inflammatory drugs were advised for next two days. After the treatment the goat had showed uneventful recovery without any complications.

Chandrasekar *et al*. (2020) enlisted the possible causes of fetal ascites which are mainly, obstruction of lymphatic channels that prevents the disposal of the peritoneal fluid, venous congestion or urinary obstruction that results into fetal ascites. In present case, the anasarca was developed because of delayed reporting of the case and handling by non-technical person. The subcutaneous fetotomy was done to remove the fluid accumulated subcutaneously by taking incision on front legs. Evisceration of fetus is also helpful to reduce the size of the fetus. It is very rare that, one of the fetus is ascetic while the other one is normal.

## CONCLUSIONS

Delay in attending the cases might result into severe anasarca of the fetus which sometimes may not be possible to remove per-vaginum. In present case the partial fetotomy facilitated the vaginal delivery of the fetus.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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