DYSTOCIA DUE TO FOETAL ASCITES IN A BUFFALO

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Received 29-10-2013 Accepted 12-11-2013

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Foetal monstrosity, foetal malpresentation with postural defects of extremities and various foetal abnormalities in foeti and or in dams leads to dystocia (Debasis and Mousumi, 2010 and Dilipkumar and Dhage, 2009). Foetal ascites is a rare type of dropsical condition that can cause dystocia in cows (Pandit and Singh, 1990, Sunil Chaudhary *et al*, 1996). Prior to delivery the size of the ascitic foetus may be reduced by single or multiple incisions with an embryotomy knife per vaginum (Arthur *et al., 1996*). The incidence of foetal ascites in buffaloes is rarely reported. The present article reports a case of dystocia due to foetal ascites in a graded Murrah buffalo and its successful management with a trocar and cannula under field condition

Case history and observation

A 6 years old, pluriparous, graded Murrah buffalo, suffering with the dystocia was referred with a history that the animal with full term pregnancy and showing straining for the last 8 hours after the rupture of water bags without any progress in the parturition. Previous calvings of the animal were reported to have been normal. The case was referred after applying heavy but unsuccessful traction by a local veterinarian. The general condition of the animal was good and physiologic parameters were within the normal limits. Hind limbs and hind quarters were protruding through the external genitalia and the protruding portions of the foetus were normal in size and appearance. Vaginal examination revealed a fully dilated cervix with normal birth passage. Foetal movements and other reflexes were absent and hence the foetus was considered dead and the foetus was in the posterior presentation.

Treatment and Discussion

Traction was applied after giving low epidural anesthesia with 2% lignocaine and lubricating the passage and the foetus with castor oil. Since there was no progress, a more careful check up was carried out and the examination revealed fluid filled gross distension in the abdominal region of the foetus and it was diagnosed as foetal ascites.

Fig: Foetal ascites in a buffalo calf

A puncture was made on the lower abdominal wall of the foetus with the trocar and cannula introduced through vaginal passage and the cannula was kept insitu. Approximately 15 litres of straw coloured fluid was drained out through the cannula. Subsequently a fully grown dead ascitic

foetus (fig) was expelled out by the buffalo on its own. The ascitic foetus also associated with atresia ani and absence of external genitalia and the sex of the calf could not be assessed.

Congenital problem may affect a single anatomic structure or function, whole system or part of several systems (Sathiamoorthy *et al*., 2011). Ascites may be caused either by the overproduction or inefficient drainage of peritoneal fluid. Obstruction of the lymphatics for various reasons may prevent the disposal of peritoneal fluid (Sloss and Dufty, 1980) . Ascites may be due to a diminished urinary excretion of water or due to hepatic lesions, general venous congestion or urinary obstruction with or without rupture of bladder (Sastry, 1993). In the present case absence of external genitalia might be a contributing factor for ascitis in the calf. When the foetus is in full term, ascites may cause dystocia (Ayyappan *et al.,* 1993). Occasionally, ascites of the foetus present baffling problems to the veterinarians. This happen when the protruded portion of the foetus is normal and birth proceeds normally until the enlarged portion engaged the pelvic inlet (Arthur *et al.,*1996) and similar observation was also made in the present case. In mild cases the foetus may be delivered by simple traction. In severe cases drainage of liquids can be achieved through an incision in the foetal abdominal wall by a cutting hook (Sloss and Dufty, *1980*) or with an embryotomy knife . However in the present case draining of fluid from the abdomen of the ascitic foetus was effectively achieved by using trocar and cannula instead of embryotomy knife in the field condition.

REFERENCES :

Arthur, G,H., Noakes,D.E., and Pearson,H. (1996) Veterinary reproduction and obstetrics, 7th edition, W.B. Saunders Co. Ltd., Philadelphia. Pp. 302-307.

Ayyappan, S.Balasubramaniam, S and David, A (1993) Indian Vet. J. **70** : 273.

Debasis,J and Mousumi J.(2010) Indian J. Field Vet. **6:** 46- 47.

Dilipkumar,D.and Dhage,G.P.(2009) Indian J. Field Vet. **5**: 32- 33.

Pandit, R.K. and Singh,V.(1990) Dystocia caused by severe fetal hydroperitoneum in a local cow. Indian J. Anim. Reprod. **11**: 76.

Sastry, G.A.(1993) Veterinary Pathology, 6th edition, CBS Publishers and Distributors, London.

Sathiamoorthy,T., Thirumurugan,K., raja,S., Rangasamy,S., Balasubramanian,S and Asokan.S.A.(2011) Indian J. Field Vet. **7**: 72- 74.

Sloss,V, Dufty, J.H. (1980) Hand book of bovine obstetrics. Williams and Wilkins, Baltimore, USA.p.121.

Sunil Chaudhary, Harnam Singh, Sharma, V.K. and Dabas, V.O.S. (1996) Indian J. Anim. Reprod. **17**: 71.

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