DYSTOCIA DUE TO A CONJOINED TWIN MONSTER FOETUS
IN A FEMALE BUFFALO

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ABSTRACT

A case of dystocia due to a conjoined twin monster foetus with thoracopagus in a female buffalo is reported. An emergency cesarean section was decided upon to relieve the subsequent dystocia.

Keywords: female buffalo, twin monster, dystocia

INTRODUCTION

Foetal anomalies and monstrosities are common cause of dystocia in bovines (Shukla et al., 2007). Twin monsters are characterized by duplication of anterior, posterior or both parts of foetal body and are common in ruminants.

CASE HISTORY AND OBSERVATIONS

A pluriparous full-term pregnant Murrah buffalo was presented to the Teaching Veterinary Clinical Services Complex, College of Veterinary Science and Animal Husbandry, Mhow, with history of severe straining for the previous 12-14 h after the rupture of water bag. Two foetal legs were protruding from the vulva without any progress in parturition. Per vaginal examination after proper lubrication revealed that the foetus was in anterior longitudinal presentation, with two fore limbs protruding from the vulva and other two forelimbs in flexed positions. Repulsion and deeper exploration revealed a conjoined twin monster, with the presence of two foetal heads. The fetuses were dead, and it appeared to be a twin pregnancy as two foetal heads joined at the thorax were palpable. Hence, it was diagnosed as a dystocia due to a conjoined twin monster foetus and an emergency cesarean section was decided upon. Previous first calving of the animal was reported to be normal.

TREATMENT AND DISCUSSION

The buffalo was premedicated with xylazine (0.2 mg/kg b.wt. I/M) and caudal epidural analgesia and local infiltration anaesthesia was achieved using lignocaine Hcl. The left paramedian incision between linea alba and left subcutaneous abdominal vein was used for laparohysterotomy, and a dead conjoined twin monster foetus was delivered. The foetal membranes were also removed and eight Furea boli (Nitrofurazone 60 mg+urea 6 gm) were left in uterus. The uterus, peritoneum, muscles and skin were sutured in the routine manner. Post operatively the animal was given parenteral fluid therapy Inj. N.S (4 lts.) Inj. DNS (2 lts) Inj. Mifex (450 ml) and antibiotic.
therapy using Strepto-Penicillin (2.5 gms) twice daily with other supportive treatment including anti-inflammatory and analgesics (Pheniramine maleate 15 ml I/M and Meloxicam 15 ml I/M) once daily for the next 5 days. Antiseptic dressing of the surgical wound was done on alternate days using povidone iodine solution, and sutures were opened on the 14th postoperative day. The buffalo made an uneventful recovery.

The twin monster had two normal heads, two necks, two pairs of fore and hind limbs with two separate abdominal areas but was joined at thorax (thoracopagus). Both the fetuses were of female sex. Postmortem examination of fetuses is presented in Table 1.

Conjoined or fused symmetrical twins are usually monozygotic in origin and represent incomplete division of one embryo into two components usually at the primitive streak of developmental stage and in the event they may develop into thoracopagus (Noden and Delahunta, 1985). Conjoined twins are always indential twins and of the same sex (Arthur et al., 2001). Such twins are usually due to non-inherited defects and often lead to severe dystocia (Roberts, 2004). In such cases cesarean section undoubtedly is the method for choice for delivery (Sakthivel and Mathew, 2000).

### REFERENCES


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Table 1. Postmortem examination of fetuses.