DYSTOCIA DUE TO FETAL MALDISPOSITION IN A BUFFALO

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ABSTRACT

This communication reports a case of dystocia in a pluriparous buffalo due to fetal maldisposition. The maldisposition was caused by severe left lateral deviation of head and neck of the fetus. It was successfully handled without any post operative complications.

Keywords: fetal maldisposition, dystocia, buffalo

INTRODUCTION

Deviations of the head and neck are common type of abnormal posture in anterior presentation causing dystocia in all species (Roberts, 1971). The deviation may be in any direction. Lateral deviation of the head is seen most often in unipara and the prognosis is serious when the fetus is dead and the deviations are due to muscle contractures (Sane et al., 1994). In a study, Srinivas et al. (2007) reported that 40.84 percent of dystocia in graded Murrah buffalo is due to fetal cause, among which head deviations were of 42.22 percent. Present communication reports a case of dystocia in a buffalo due to severe lateral deviation of the head and neck and its successful management.

HISTORY AND OBSERVATIONS

A pluriparous buffalo was presented in the Veterinary Polyclinic of the institute with a history of labour pain for about the previous 17 h. It was reported that the animal had completed the normal gestation period and was attended by a local veterinarian. The buffalo had calved twice earlier without any complications. On general examination, the animal appeared alert and active with normal rectal temperature, pulse and respiration. The fore limbs of the calf were presented in the birth canal and the hooves were slightly protruding from the vulva. Per-vaginal examination revealed a fetus was presented in normal anterior presentation with dorso-sacral position and a convex mass which appeared to be bent neck was presented in the pelvic inlet. The head was totally unapproachable per-vaginum. A slight repulsion revealed a severely deviated head and neck in the left lateral side. The fetus was diagnosed to be dead. The case was diagnosed as fetal dystocia due to severe left lateral deviation of head and neck on the basis of the per vaginal examination.

RESULTS AND DISCUSSION

Under epidural anesthesia using 2 percent lignocaine hydrochloride, both the forelimbs were repelled back into the uterus. After properly lubricating the birth canal with obstetrical gel, the muzzle of the calf was firmly grasped and brought round through an arc until the nose came in line with the birth canal. Then both the forelimbs were extended towards the vulva. With traction on the fetal head and the limbs simultaneously in a ventral direction, a dead male fetus was delivered (Figure). Following delivery the animal was treated with enrofloxacin inj (15 ml IM x 5 days), normal saline (2 liters, IV), calcium borogluconate (450 ml, IV), and meloxicam inj (15 ml, IM) and uterotone (a herbal uterotonic) was prescribed (150 ml for 3 days orally). The animal was discharged from the polyclinic one hour after the treatment.
REFERENCES


Figure. Dead fetus delivered after correction of dystocia.