SURGICAL MANAGEMENT OF DYSTOCIA DUE TO NARROW PELVIS IN A SHE BUFFALO—A CASE REPORT

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ABSTRACT

A full term pluriparous non-descript she buffalo was presented to clinic with dystocia. Per vaginal examination confirmed dystocia due to narrow maternal pelvis and was relieved by left paramedian laparo hysterotomy.

Keywords: non descript she buffalo, dystocia, narrow pelvis, hysterotomy

INTRODUCTION

Dystocia means delayed or difficult calving that may require manual assistance (Lombard et al., 2007). Various maternal (uterine torsion, constriction of birth canal, incomplete cervical dilatation etc.) or foetal causes (foetal over size, abnormalities of position, posture and presentation) result in dystocia, of which maternal causes prevail more in buffaloes (Purohit et al., 2012). Among various maternal causes, dystocia due to narrow pelvis accounts for 9.2% (Sharma et al., 1992). This paper communicates successful management of dystocia due to narrow pelvis managed by laparo hysterotomy.

CASE HISTORY AND CLINICAL OBSERVATIONS

A full term non descript she buffalo in its fourth parity was presented to the clinic with a history of dystocia for last 2 days. Allantoic bag was ruptured 48 h back and futile attempts were made by a local vet to deliver the calf. It had a history of an accident to hind quarters in its earlier lactation that resulted in a depressed fracture of wing of ilium on the left side (Figure 1).

The dam was dull, dehydrated with sunken eyes and could not stand on its own. The vulvo vagina was severely congested and oedematous. Per vaginal examination revealed narrow pelvis, atony of uterus with slight emphysematous foetus. Based on the above findings it was confirmed as dystocia due to narrow pelvis and decided to perform caesarean section.

TREATMENT AND DISCUSSION

The dam was resuscitated by infusing 5 lts of ringers lactate and 450 ml of calcium borogluconate. The animal was controlled in right lateral recumbency by sedating with xylaxine hydrochloride 0.02 mg/kg body weight and

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Figure 1. Note the depression (arrows) at the left tuber coxae level indicative of fracture of Ilium.

Figure 2. The dead foetus retrieved after caesarean section.
mid ventral abdomen was prepared aseptically. Local analgesia was achieved using lignocaine hydrochloride. Gravid uterus was approached through left paramedian incision and dead foetus was exteriorized (Figure 2) after making linear incision on the least vascular area on the uterus. Uterine incision was closed by double inversion sutures using chromic catgut no.2. After thorough lavage with normal saline the abdomen was closed by routine manner and skin incision was closed by horizontal mattress sutures using silk no.2. Postoperatively the animal was infused with 2 lt. of DNS, 2 lit of ringers lactate, 500 ml of metronidazole and 450 ml of calcium borogluconate for 3 days and administered ceftriaxone 3 g I/V, meloxicam 15 ml and chlorpheneramine maleate-10 ml I/M for 5 days after daily dressing of surgical wound with povidone iodine ointment. The animal recovered uneventfully and skin sutures were removed by 12th postoperative day. In general, maternal dystocias in buffaloes are rare because of capacious pelvis. But, narrowing of pelvis may occur due to accidents causing pelvic fracture (Sharma et al., 1992) or pathological causes like tumours (Sharma et al., 1977). Caesarean operation is being universally followed in cases of complicated dystocias (Purohit et al., 2013). But they should be performed as early as possible otherwise lives of calf as well as dam are questionable. Purohit et al. (2012) reported that no calf was born alive, when the case was presented beyond 36 h after 2nd stage of labour as observed in the present case. It was concluded that caesarean section should be adopted as early as possible after onset of 2nd stage of labour when normal parturition is not progressed. As narrow pelvis due to previous episode of accidents can be anticipated to have dystocia at full term, it is recommended to plan for elective surgery in order to save life of the dam as well as calf.

REFERENCES