

DYSTOCIA DUE TO ISCHIOPAGUS MONSTER IN INDIAN BUFFALO (*BUBALUS BUBALIS*): A CASE REPORT

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SUMMARY

A buffalo in second parity was presented with history of complete gestation period and dystocia. The fetal head and fore limbs were protruding through the vulva without further progress in delivery in spite of traction applied by field veterinarian. Per vaginam examination revealed the presence of conjoined twin monster which later after delivery diagnosed as ischiopagus monster. The monster was delivered per vaginam following epidural anaesthesia, proper lubrication and fetotomy.

Key words: Buffalo, conjoined twins, dystocia, ischiopagus monster

The monstrosity is usually associated with either infectious disease or congenital defects (Arthur *et al.*, 2001) that involves various organs and systems which can cause great distortion of the individual (Vegad, 2007) and result in dystocia at birth. The aetiology of congenital anomalies is often unknown (Jones and Hunt, 1983). However, the important known etiological agents are prenatal infection with a virus, poisonous chemical ingestion by pregnant animal, vitamin deficiency, genetic factors and/or combination of these factors (Sharma *et al.*, 2010). Abnormal embryonic duplications resulting in conjoined twins are rare in bovines (Singh and Pandey, 2013). In this communication, successful management of a rare case of dystocia due to ischiopagus monster in a buffalo and its per vaginam delivery following partial fetotomy is reported.

A pleuriperous buffalo in second parity with full term gestation and in 2nd stage of labor but with the history of failure of expulsion of the fetus and dystocia was presented to the Teaching Veterinary Clinical Complex of the University. History of the animal revealed that previously animal calved normally. It was also reported by the owner that the buffalo was straining for the last 8h, both the water bag ruptured and fetal head and fore limbs came out through the vulva but fetus could not be delivered. Subsequently, field veterinarian tried to remove the fetus manually by traction but failed. When reported in the clinic the animal was recumbent, off feed and even was not taking water for the past 3 h. When examined per vaginam, the cervix was fully dilated and another fetus which was joined with the protruding fetus was also present in the

uterus. Further examination revealed that the hind limbs of the protruding fetus were impacted and entangled with the hind limbs of another fetus present in the uterus. Keeping in view the clinical examination and condition of the animal it was decided to deliver the fetus per vaginam by fetotomy.

After examination the animal was administered DNS 5% (3 liter I/V), Inj. Melonex (Meloxicam; @ 0.5 mg/kg I/M), Dexona (Dexamethasone; 10 ml I/M), Intacef Tazo (Ceftriaxone+Tazobactam; 3375 mg I/M) and Inj. Vit. B-complex (Tribivet; 10 ml I/M). Subsequently, after giving epidural anesthesia, the protruding fetus was cut beyond the thorax by fetotomy and the fetus was partially eviscerated. Then the remaining stump of the fetus was repelled inside the uterus and the impacted hind limbs were drawn in the passage by manual manipulations. The birth canal was then properly lubricated with 2% carboxymethyl cellulose sodium (SD Fine Chemicals) and by gentle traction conjoined monster was delivered which was a typical ischiopagus conjoined twin (Fig. 1) Following the delivery of the monster, animal was administered inj. Mifex 450 ml (slow I/V) and the placenta was spontaneously expelled after 2 h of the Mifex injection. After removal of the fetus the animal was administered the same antibiotic and supportive therapy for next 5 days and was also administered Inj. Lenovo AP, 60 ml (Intas Pharma, containing Levofloxacin 100 mg+Ornidazole 200 mg+Vitamin E 25 mg/5 ml) intrauterine for three days and the animal recovered uneventfully.

It is thought that various genetic and environmental factors are responsible for the failure of twins to separate

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Fig 1. Ischiopagus monster in a buffalo

after the 13th day after conception (Srivastava *et al.*, 2008) and resulted in conjoined twins. Dystocia due to conjoined twin monsters has already been reported in cows (Honnappagol *et al.*, 2005) and in buffaloes (Dhami *et al.*, 2000; Shukla *et al.*, 2011). Dystocia due to ischiopagus conjoined twin monster in buffalo has been already reported by Simon *et al.* (2009). Present case seemed to be due to non-inherited teratogenic defect (as previous calving was normal) during embryonic development with early complete duplication of cranial and caudal parts.

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