

DYSTOCIA DUE TO EMPHYSEMATOUS FETUSES IN A NON DESCRIPT GOAT

JASMER DALAL and GYAN SINGH*

Department of Veterinary Gynaecology and Obstetrics, College of Veterinary Sciences
Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar - 125 004

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SUMMARY

A rare case of dystocia due to three emphysematous fetuses in a non-descript goat and its successful management by per vaginum delivery is reported.

Key words: Emphysematous fetuses, dystocia, goat, triplet

Obstetrical problems in goats are similar to that of sheep (Majeed, 1994), however, the incidence of dystocia is considered higher in does compared to ewes (Mehta *et al.*, 2002). Incidence of dystocia in goat has been reported to be about 7% (Abdul-Rahman *et al.*, 2000) and the fetal causes of dystocia are 44.44% (Anusha *et al.*, 2016). Dystocia due to oversized fetuses and fetal emphysema are usually subjected to caesarean section (Anusha *et al.*, 2016). In this communication, a rare case of dystocia due to three emphysematous fetuses and their successful delivery in a doe is reported.

A full term pregnant third parity non-descriptive doe was presented to the Teaching Veterinary Clinical Complex, LUVAS, Hisar with the history of dystocia, intermittent vaginal discharge, acute distended abdomen, anorexia of 24 h and rectal temperature of 100.5°F. Per vaginal examination following epidural anesthesia with 2% lignocaine hydrochloride revealed partially dilated cervix (four fingers) and subsequent massage with warm liquid heavy paraffin for 15 min. resulted in complete dilatation of cervix. The doe was treated with antibiotic (ceftriaxone sulbactam 1 g, i/m), ascorbic acid (250 mg/ml) 5ml i/m and DNS (1 litre, i/v) before obstetrical procedure. After proper epidural anesthesia and lubrication, the fetus which was in anterior longitudinal presentation was removed manually by applying gentle traction at head with thumb and fingers with simultaneous traction on forelimbs by other hand. After thoraces birth, abdominal wall of fetus was punctured with index finger to allow escape of foul gases in order to reduce size of fetus. Other posterior presentation fetuses were removed by manual traction genitally and were delivered after

changing to the anterior presentation. All the fetuses were emphysematous and placenta was degenerated (Fig. 1). The animal was treated for further five days with antibiotic, NSAID (flunixin meglumin), fluid (DNS), and vitamin (B complex) along with administration of intrauterine bolus for three days. Case was followed for further 21 days telephonically and the animal recovered successfully.

Dystocia or difficult birth, a condition in small ruminants (sheep and goat), results in huge economic losses to farmers either due to death of new born or dam or adversely affecting dam fertility (Mcsporrán, 1980). Phillip *et al.* (1985) observed fetal oversize in 9.4% of goats requiring caesarean section to relieve dystocia. The birth canal of parturient sheep and goat is very fragile and undue force in pulling out a maldisposed fetus

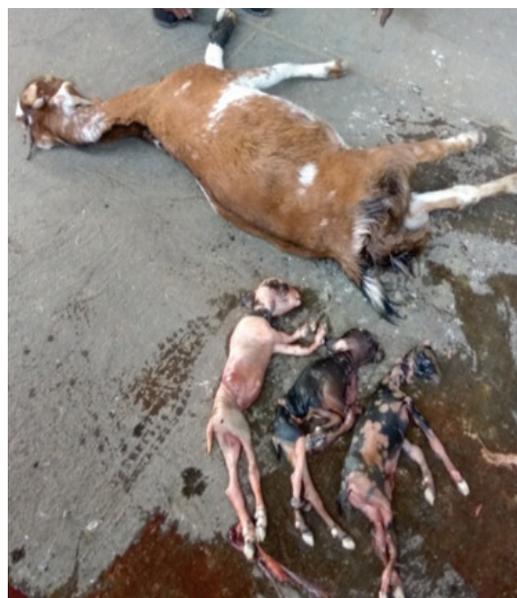


Fig 1. Emphysematous fetuses in a doe

*Corresponding author: vetgyan@rediffmail.com

may result in uterine rupture with subsequent prolapse of abdominal organs and hence care must be taken in manual delivery (Sharma *et al.*, 2014). In present triplet case, successful per vaginal delivery was possible because of small size of individual fetuses, ample lubrication and gas removal by intermittent stomach wall puncturing. In general cases of emphysematous fetuses are subjected to more risky and uneconomical caesarean section (Anusha *et al.*, 2016) which is not afforded by poor farmer. Partially dilated cervix might be responsive to the massage with warm paraffin or normal saline that make the pervaginal delivery possible especially in case of multiple fetuses thereby saving the life of dam and undue expenses of the farmer.

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