

DYSTOCIA ASSOCIATED WITH RED BAG DELIVERY IN MARE- A RARE CASE

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SUMMARY

The present communication reports a rare case of red bag delivery in mare presented to Veterinary Clinical Complex of LUVAS, Hisar.

Keywords: Dystocia, Mare, Red bag delivery

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Red bag delivery is a term used for premature separation of the placenta prior to or during a mare's foaling leading to appearance of red velvety bag at vulva (McCue, 2009). Sometimes, the placenta does not rupture and the foal is delivered while still enclosed in the membrane. This is seen in mares occasionally and considered as an emergency. Premature separation of the placenta had been found occasionally in mare and accounts for up to 5 to 10% of all cases of abortion, stillbirth and perinatal death (Frazer, 2007).

A mare in 2nd parity was presented at Veterinary Clinic Complex, Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar. As per history provided by the owner mare had completed 10 months of gestation and was exhibiting colic signs since 12 hours. Owner also observed a red velvety sac at vulva and the size of red bag was increasing and decreasing with the straining of the animal (Fig. 1). Further, deep palpation per vaginally revealed the presence of fetus with bilateral carpal flexion of fore limbs within the bag. Thus, present case was diagnosed as a case of dystocia associated with red bag delivery.

An incision was given on exposed part of chorioallantois which revealed fetus covered with intact amnion. Amnion was also incised to assess the foal and bilateral carpal flexion of forelimbs was corrected with help of mutation. A dead female foal enclosed in chorioallantois was delivered per-vaginally (Fig. 2). Placenta was shed after 10 minutes of delivery of foal. Placenta was normal in appearance with no visible lesions. Ceftriaxone sodium 3.0g i/v, tetanus toxoid 5 ml deep i/m, flunixin meglumine 1000 mg i/v and Vitamin C 7.5 g i/v, were administered for stabilizing the mare along with 5 L of 5% dextrose normal saline as intra-venous infusion.

In a normal foaling, the chorioallantois ruptures at the cervical star and results in the release of a large quantity of allantoic fluid. After the rupture of chorioallantois



Figs.1 & 2. (1) Intact chorioallantois (red velvety sac) present at vulva; (2) Dead fetus enclosed in chorioallantois

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within 5 to 10 minutes, a thin, transparent, greyish-white amnion protruding through the vulva can be seen. Occasionally, the premature separation of the outer placental membrane from the uterine wall may lead to protrusion of the intact fluid-filled chorioallantois through the vulva. Causes of premature placental separation are largely unknown (Paccamonti and Pycock, 2009). Although placental infections, fescue toxicity and stress are common reasons for premature separation of placental membrane (Schmidt, 2009; McCue, 2009). Sometimes, premature separation of the chorion occurs in induce birth and chorion does not rupture as the foal enters the pelvic inlet (Jackson, 2004). The premature separation of chorioallantois causes deprivation of oxygen and nutrients to the fetus leading to the death of fetus.

Normal chorioallantois is relatively thin and breaks easily but some placentas are thickened from infection or inflammation which cannot be ruptured by the fetus which lead to a rapid decrease in oxygen transport to the fetus (Schmidt, 2009). Because during normal birth process placenta remain attached and foal is getting oxygen until the moment it's chest clears the pelvis and it takes its first breath (Schmidt, 2009). As a consequence of premature

separation of placenta and failure of rupture of chorioallantois membrane, the fetus may suffer from hypoxia or may die of asphyxiation if the condition is prolonged. In present case, a long duration had been elapsed between initiation of parturition and presentation of mare at veterinary clinics and as a result life of foal cannot be saved. Thus, timely intervention is key for survival of foal in such cases.

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