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Clinical Article

MANAGEMENT OF *CAMPYLORRACHIS SCOLIOSA* MONSTER IN A MARWARI DOE - A CASE REPORT

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SUMMARY

A Marwari breed doe in her third parity was brought to Department of VGO, COVAS, Bikaner with the anamnesis of parturition one day back, delivered two live fetuses and expelled the placenta in due course of time, while continuous straining, restless and anorectic since parturition. The doe had good general condition with normal temperature, pulse and respiration rate. On abdominal palpation, some hard bony part/fetal structure was palpable. Roentographic examination revealed fetal structure in the uterus while ultrasound examination revealed no fetal heartbeat. Per vaginal examination revealed only one finger dilatation of cervix, so caesarean section was planned. A monster fetus was delivered with short deformed and ankylosed limbs and lateral curvature of spine, as a characterized as in "*Campylorrachis scoliosa*". Post operative care includes fluid therapy, broad spectrum antibiotics, non-steroidal anti-inflammatory drugs, antihistaminics and supportive therapy for 5 days.The doe recovered uneventfully.

Keywords: Caesarean section, *Campylorrachis scoliosa*, Dystocia, Marwari Doe, Monster

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Dystocia, or difficult birth, is defined as prolonged and difficult parturition. Because of the higher incidence of retained placentas, uterine infections, prolonged lambing and kidding intervals and perinatal fatalities of both the dam and the fetus, dystocia in small ruminants adds significantly to economic losses (Scott *et al.*, 2005; Elchikh *et al.*, 2020). The cause of dystocia can be divided into the fetal and maternal cause. Dystocia is caused by fetal anomalies or monsters, including achondroplastic fetuses, mummified fetuses, general ankylosis and twin monsters. Rarely observed in cattle and pigs, *Campylorrachis scoliosa* is a non-genetic abnormality of the trunk and fetal monster that is defined by a lateral curvature of the spine with malformed and ankylosed limbs (Mohan *et al.*, 1996; Radhakrishna and Gopala Krishna, 2020).

A 3 years old Marwari breed doe on her third parity was brought to the Department of VGO, COVAS, Bikaner with the history of parturition one day back. Two live fetuses were delivered and shredded the placenta but continuous straining, restlessness and anorectic since. General examinations revealed all vital parameters like temperature, pulse rate and respiration rate was within normal range. Abdominal palpation revealed fetal/bony structure in the uterus. Pervaginal examination confirmed that internal os was only one finger dilated as a part of involution. Upon roentographic examination, fetal skeleton was visible (Fig. 1) while ultrasound examination showed no visible fetal heartbeat.

As the dystocia was unable to correct due to incomplete cervical dilation (ICD), doe was considered for caesarean section. The doe was restrained on right lateral recumbency and 2% Lignocaine HCl (Lox 2%, Neon) was injected linearly to conduct a caesarean section under local anaesthesia. After aseptically preparing the left paramedian site, a skin incision was made behind the umbilicus all the way up to the udder's level (in front) (Fig. 2). In the same line, the muscles and subcutis were cut. Once inside the abdomen, the uterus was cut on its dorsal curvature after being grabbed by one of the fetal extremities (Fig. 3). A dead male fetus was delivered.

Doe was administered with injectable calcium (inj. Calcium borogluconate, name Vetquinol®-30 ml) slowly intravenously, inj. Meloxicam (inj. Melonex®, Intas 4ml, IM) and inj. Enrofloxacin (Enrodac®-10, Zenex AH 3ml, IM), inj.phosphorus and cyanocobalmin (inj. Injectiphos®, Zynex AH-4ml, IM). The antibiotics, NSAIDS and liquid ecbolic (Utrevive, Virbac, 25 ml perorally bid) were continued for 4 more days. The doe recovered uneventfully.

During the post-mortem examination of fetus, it was noticed that the forelimbs are small and flexed under the thorax region and hind limbs are extends away from the body, the neck was bend and stiffed (Fig. 4). Fetus was presented with deformities characterized as monster fetus "*Campylorrachis scoliosa*". The cause of this doe's dystocia may be *Campylorrachis scoliosa*, a type of fetal monster with ankylosed limbs and a lateral curvature of the spine. Either congenital abnormalities or infectious diseases are linked to the monstrosities. The incidence of *Campylorrachis scoliosa* monstrosity is rare and hardly reportedin cow by Mohan *et al.* (1996). Caesarean section facilitates easy removal of the fetal monster from the

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Fig. 1. Radiographic/Roentographic examination showing, fetal skeleton in uterus.

Fig. 3. Exposing the uterus of doe at dorsal curvature.

uterus. An oversized fetus like fetal monsters such as general ankyloses and double monsters may be more safely and easily removed by caesarean section than by fetotomy (Roberts, 2004). Timely intervention and effective post-operative care, including antibiotics and supportive therapy, ensured the doe's full recovery. In conclusion, successful delivery of a rare fetal monster "*Campylorrachis scoliosa*" causing dystocia in a Marwari doe was performed through caesarean section without any complications (Dutt *et al.*, 2018; Kumari and Dutt, 2020). Promptdiagnosis and meticuloussurgery are the essential in managing dystocia with fetal abnormalities.

REFERENCES

Dutt, R., Singh, G., Yadav, V., Sharma, K., Dhaka, A.P., Patil, S.S. and Gahalot, S.C. (2018). Surgical management of dystocia in sheep- Study of two cases. *Intern. J. Sci. Nat.* **9(3)**: 288-290.

Elchikh, M., Kouidri, M., Belhamiti, B.T., Ammar Selles, S.M. and Ammar, A.A. (2020). Dystocia in goats from Djelfa in Algeria. *Agriculture.* **3-4(115-116)**: 192-197.

Kumari, S. and Dutt, R. (2020). Surgical management of dystocia due to ring womb in sheep: A case report. *Vet. Clinic. Sci.* **8(2)**: 50-51.

Mohan, C.M., Balasubramanian, S. and Subramanian, A. (1996). Obstetrical management of *Campylorrachis foetal* monstrosity in a cow-A case report. *Indian Vet. J.* **73(10)**: 1076-1077.

Radhakrishna Rao, J. and Gopala Krishna, M.V. (2020). A rare case of fetal monster (*Campylorrachis scoliosa*) causing dystocia in a non-descript cow and its successful delivery by caesarean section. *Pharma Innov.* **9(7)**: 491-492.

Roberts, S.J. (2004). In: Veterinary Obstetrics and Genital Diseases, (2nd Edn.), C.B.S. Publishers and Distributors, Delhi. pp. 70-73, 263-268.

Scott, P.R., Naqvi, B.S., Pandey, G.K., Gautam, K.K., Joshi A, Geethalakshmi V. and Mittal J.P. (2005). The management and welfare of some common ovine obstetrical problems in the United Kingdom. *Vet. J.* **170**: 33-40.

Fig. 2. Skin incision in doe (left paramedian site)

Fig. 4. *Campylorrachis scoliosa* monster fetus with lateral curvature of spine and ankylosed limbs.