

RETENTION OF PLACENTA IN SHE CAMEL (*Camelus dromedarius*): A CASE REPORT

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SUMMARY

The incidence of retention of fetal membranes is low in camel, however, if the case is not handled immediately, it may prove fatal. An 8 years old pleuriparous she camel was brought to veterinary hospital with a history of retention of fetal membranes. Calf was removed by the owner by traction, but the fetal membranes were not expelled till about more than 10 h after delivery. Animal on the same day received 60 I.U. of Oxytocin mixed in 1 litre of 5% DNS, administered slow intra venous. Next day, 500 ml povidone iodine mixed with 500 ml metronidazole was administered intra-uterine. Along with this, camel was also administered 200 ml expar and 100 ml ostocalcium orally. The same treatment was repeated for another two days. Fetal membranes were expelled 24 h after the start of treatment and the animal recovered without any complication.

Key words: Retention of placenta, she camel

The incidence of retention of fetal membranes in camel has been reported to occur with low frequency and if animal is not treated immediately, it may prove fatal (Arthur *et al.*, 1986). Nevertheless, Sharma (1968) reported 11% incidence in Bactrian camel and the incidence increases with abnormal parturition like premature birth (Zhao, 2000).

An eight year old pleuriparous she camel was brought to the Government Veterinary Hospital, Dheerwas, Churu (Rajasthan) with the history of retention of fetal membranes. The process of parturition started early in the morning but the female failed to deliver the calf. The delivery was assisted by the owner and a live calf, which was in normal presentation, position and posture was removed by forced traction. After removal of the calf, large sacs of allantochorionic fluids were observed, which immediately got ruptured when the female stood up. However, the fetal membranes were not expelled till evening, when the case was brought to the hospital. No part of fetal membrane was hanging from the vulva.

The temperature, pulse and respiration rates

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were normal and per vaginum examination revealed presence of fetal membranes in the uterus. Immediately after clinical examination, 10 ml of chlorpheniramine maleate (Anistamin, 10 mg/ml, Intas) i/m and 60 I.U. of oxytocin (Oxytomed, German Remedies) mixed in 1 litre of 5% DNS was administered slow i/v for a period of over an hour. However, fetal membranes were not expelled till morning following the treatment. When the animal was brought again to the hospital in the morning, no part of fetal membranes was hanging from the vulva. After washing the perineal region with soap and water, 500 ml 5% povidone iodine (Betadine, Win-Medicare) mixed with 500 ml metronidazole (Berizole, 5mg/ml, Inoven Pharma) was infused in to the uterus. Along with intra-uterine treatment, animal was also given 200 ml exapar (Dabur Ltd.) and 100 ml ostocalcium (Galaxo Ltd.) orally twice daily. The same treatment was repeated for another two consecutive days. The fetal membranes were spontaneously expelled, 24 h after the start of the treatment and the animal recovered without any complication. Manual removal of fetal membranes was not tried, since the case was presented within 24 h after calving and because

of diffuse type of placenta in the camel, manual manipulations might have resulted in severe hemorrhages at this stage. Nevertheless, 36 h after the retention, successful removal of fetal membranes by manual manipulations, have been reported by Sharma (2004).

Retention of placenta after birth is uncommon in camel (Arthur *et al.*, 1986). Normally, the fetal membranes in the camel (*Camelus dromedarius*) may be expelled soon after the delivery or more commonly within half an hour (Nasr *et al.*, 1994, Arthur *et al.*, 1996), however, Parkash and Singh (1962) recorded an average time of 117 minutes (range 63-330 minutes) for the expulsion of fetal membranes following normal parturition. It has been reported that, normally the fetal membranes progressively emerge out of vulva along with formation of large retention sacs containing about 5 liters of fluid which presumably exert a gravitational pull on that part after birth which is still attached and consequently fetal membranes are expelled (Arthur *et al.*, 1996).

In the present case, although the retention sacs were formed but got ruptured immediately after formation, thus probably failing to exert a gravitational pull which is essential for expulsion of fetal membranes. Another reason for failure of expulsion of fetal membranes in the present case may perhaps be uterine inertia, since abdominal

contractions and restlessness following calving were not observed. However, a very low incidence of uterine inertia has been reported in camel (Arthur *et al.*, 1996). Since, like equines, the placenta in camel is diffused epitheliochorial type (Ghazi *et al.*, 1994), the retention of fetal membranes for a longer duration may lead to fatal metritis (Arthur *et al.*, 1996), therefore, such cases require immediate attention.

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