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Clinical Article

FETAL ASCITES IN MARE: A CASE REPORT

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SUMMARY

Accumulation of excessive fluid in peritoneal cavity of equine fetus is rare. A five years old mare with history of dystocia at full term was brought to Teaching Veterinary Clinical Service Complex of the University. The water bag had ruptured 8 h earlier and hooves of both fore limbs were visible at vulva. Vaginal examination revealed a dead fetus with lateral deviation of head and neck. The fetal fluids were absent. After epidural anaesthesia and mild sedation, deviation of head and neck was corrected by manual manipulations and the fetus was removed by traction. Fetal ascites could only be diagnosed after the delivery of the fetus. The mare received 20 I.U. oxytocin in normal saline given slow i/v. The fetal membranes were expelled after 6 h and the mare recovered spontaneously.

Key words: Mare, fetal ascites, dystocia, oxytocin

Accumulation of excessive fluid in the peritoneal cavity of fetus (fetal ascites) is a rare type of dropsical condition causing dystocia in bovines (Sloss and Dufty, 1980) and has not been reported in equines, however, Divers and White (1979) observed ascites in aborted equine fetus. The present report, for the first time, describes a case of dystocia due to lateral deviation of head and neck along with fetal ascites in mare at full term.

A five year old Kathiawari mare was brought to the Teaching Veterinary Clinical Service Complex (TVCSC) of the University, with a problem of dystocia at full term. As per the history, the parturition started about 8 h earlier and the water bag had already ruptured. The hooves of both the forelimbs of the foetus were present at the vulvar lips. The mare was active and in good body condition.

Mare was properly secured in the equine crutch and administered tetanus toxoid. After wrapping the base of the tail with bandage, the perineum was thoroughly washed with soap and water. Using obstetrical lubricant, mare was examined per vaginum. The fetus was present in anterior longitudinal presentation and dorsosacral position with lateral deviation of the head and neck. The fetus was dead and there were no fluids in the uterus. Since the mare was straining, hence, sedated with 10 ml diazepam (Anxol, Svizra Pharma) given slow i/v. Epidural anesthesia was also given and then 4 liters of liquid paraffin was infused into the uterus. To correct the deviation, a snare was applied around the neck flexure. The snare was pulled and simultaneously the fetus was repelled by manual pressure. When the foal's head was within reach of the grasp, the muzzle was tried to bring into the canal. However, it could not be brought into the canal. Then, a long William's hook was fixed in the nostril of fetus. By pulling it, the muzzle was brought into the birth canal. After the mutation, removal of the fetus was tried by manual traction but the fetus could not be delivered. Both the fore limbs of the fetus were then tied separately with Moor's obstetrical chains. Along with this, a long William's hook was fixed in the eye orbit of the fetus. Then traction was applied on chains and hook, and the fetus was delivered.

After the delivery of the fetus, it could be ascertained that it was also suffering with ascites as the abdomen of the fetus was enlarged (Fig. 1). However, during vaginal examination and manual manipulations, enlargement of abdomen could not be palpated because the

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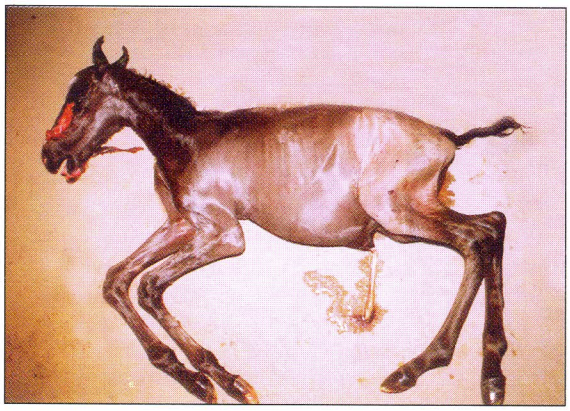

Fig.1. Equine fetus showing ascites.

hands failed to reach up to the abdomen of the fetus. After delivery, postmortem examination of the fetus was conducted. The visceral organs (liver, kidneys and intestines) were grossly normal; however, a large amount of watery fluid (approximately 5-6 litres) was present in the peritoneal cavity of the fetus. Immediately after removal of the fetus, the mare was administered 20 I.u. oxytocin i/m and 5 liters of 5% DNS given i/v. The mare was also given 1.25 gm ampicillin and 1.25 gm cloxacillin (Intamox, Intas Pharma), 30 ml meloxicam (Melonex, Intas Pharma), 10 ml chlorpheniramine maleate (Anistamin, Intas Pharma) i/m and the latter treatment was continued for another 4 days. The fetal membranes were expelled spontaneously within 6 h after the start of the treatment and the mare recovered without any further complication.

Malpostures of extremities of the fetus in mare have been reported as one of the most common causes of dystocia (Ginther and Williams, 1996). Due to greater length of neck, lateral deviation of head and neck has been reported to occur more commonly and is considered to be a serious problem in the mares (Arthur *et al.*, 1996, Frazer *et al.,* 1997) which can be corrected by manual manipulations (Arthur *et al.*, 1996). Ascites has been reported to occur commonly due to infectious diseases of the fetus and it may lead to dystocia when fetus is at full term (Arthur *et al.*, 1996). If the fetal ascites is diagnosed as a cause of dystocia, it can be relieved by incising the fetus abdomen in the uterus itself (Arthur *et al.*, 1996). However, in the present case since it could not be diagnosed before the delivery of the fetus, therefore, incision of abdomen was not performed.

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