

CLINICAL PERSPECTIVE ON OCCURRENCE AND MANAGEMENT OF DYSTOCIA IN GOATS OF HYDERABAD, TELANGANA

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SUMMARY

The present study was conducted on 12 goats suffering from dystocia in and around Rajendranagar, Hyderabad. Out of them, 5 goats (42%) suffered from dystocia due to deviation of head and neck; four goats (33%) due to incomplete cervical dilation while three goats (25%) suffered from bilateral shoulder flexions. All these conditions were managed by appropriate techniques and measures so as to prevent post partum uterine infections and promote early uterine involution. Does recovered uneventfully without any post partum complications.

Key words: Dystocia, Occurrence, Bilateral shoulder flexion, Incomplete cervical dilation, Head deviation

Dystocia is a major cause in goats leading to loss of kids and/or dam, hence, causing economic loss to the goat farmers (Odedara *et al.*, 2017). Dystocia inflicted trauma and infection decrease future fertility (Aziz and Taha, 1996). Generally, dystocia may be of fetal or maternal origin (Noakes, 2009). There is low incidence of dystocia in small ruminants worldwide (Sharma *et al.*, 2014; Bhattacharyya *et al.*, 2015). Mehta *et al.* (2002) reported an incidence of 8.23% of dystocia in goats. The present clinical study reports the occurrence and successful management of dystocia in goats of Hyderabad, Telangana.

The present study was conducted on 12 goats (1-4 yrs) suffering from dystocia in and around Rajendranagar, Hyderabad (17.3203° N, 78.4018° E). These cases were presented to the Teaching Veterinary Clinical Complex, Rajendranagar over duration of 3 months (November, 2016 to January, 2017). Before relieving, birth canal in all cases was lubricated with 2% Carboxy Methyl cellulose (CMC). Clinical records were reviewed and information was obtained regarding the type of dystocia treated. Dystocia due to bilateral shoulder flexions was treated by mutational operations and fetus was delivered manually. Dystocia cases due to lateral deviation of head were managed by performing mutation and then forced extraction of the fetus in lateral recumbency while due to incomplete cervical dilation were treated with administration of Inj. Epidosin - 30 mg I/M, Inj. Oxytocin (5 IU, I/V), Inj. Dexamethasone (10

mg I/M) and Inj. RL 300 ml I/V. Traction was applied on the fetus manually after complete cervical dilation and relieved six dead fetuses. Does were administered herbal ecbolec (Exapar, 20 ml P/O s.i.d) for 3 consecutive days. In all the above cases following delivery, does were treated with Inj. Enrofloxacin 300 mg I/M for 3 consecutive days and 2 Furea boli were placed intrauterine to prevent post partum uterine infections.

Out of total cases, 42% (5/12) of the dystocia cases were diagnosed due to lateral deviation of head (Fig. 1 and 3) and relieved four live and a dead fetus. Thirty three percent (4/12) of the cases were due to incomplete cervical dilation of the dams while 25% (3/12) of the cases were due to bilateral shoulder flexions (Fig. 1 and 2) which were treated by mutational operations and three kids (1 was alive and other 2 fetus were dead) were delivered. Measures were taken for early uterine involution and all the does recovered uneventfully without any post partum complications.

Dystocia or difficult birth is one of the major contributory factors in economic losses from perinatal deaths of dam and fetuses. Fetal maldisposition is one of the major causes of dystocia in goats (Purohit *et al.*, 2004) accounting for more than half of the dystocia cases of which lateral deviation of the head and neck, and flexion of the carpus and shoulder being the most common in goat (Purohit *et al.*, 2006b). The occurrence of maternal causes of dystocia was 33% in the present study which was in accordance to that of the previous studies reported by Abdul-Rahman *et al.*, (2000) and

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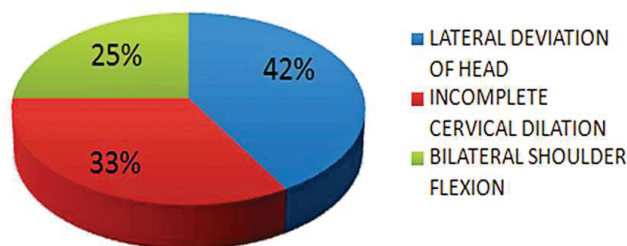


Fig. 1: Frequency of occurrence of dystocia in goats (n=12)

Purohit *et al.* (2006) while higher incidence was reported by Majeed and Taha (1989) in goats. Deviation of head and neck (42%) represented higher percentage of causes of dystocia. Results had shown that the incidence of failure of cervical dilation (33%) was higher in this study than the findings of Rahim and Arthur (1982) and Phillip *et al.* (1985) in goats. Deficiency of estrogen is considered one of the important causes of failure of cervical dilation, however, administration of estrogen results in uterine rupture following violent uterine contractions. In the present study, oxytocin along with valethamate bromide were given to promote uterine contraction and cervical dilation.

Early recognition and interference in cases of dystocia will result in a satisfactory outcome both for the dam and the neonate (Ismail, 2017). Delayed presentation of the case in this study resulted in death of the kids but maximum efforts were put forth for saving the life of the dams. Plenty of fluid therapy along with antibiotics was administered to combat toxemia and shock. Proper lubrication, successful manipulation of the abnormal postures and forced traction of foetuses made successful per-vaginal delivery without any post partum complications.

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Fig. 2 : Relieving dystocia in dam with fetal head protruded through vulva



Fig. 3 : Relieving dystocia in doe with fetal limbs protruding through the vulva.

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