

PEROSOMUS ELUMBIS MONSTER AND MUMMIFIED FETUS CAUSING DYSTOCIA OF A NORMAL FETUS IN A MAHABUBNAGAR LOCAL DOE

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SUMMARY

A rare case of dystocia due to monstrosities (*Perosomus elumbis*) along with a mummified fetus and one live fetus is presented in a Mahabubnagar local doe. All the three foetuses were successfully delivered per-vaginally and the doe recovered uneventfully.

Key words: Dystocia, Mummified fetus, Mahabubnagar local doe, *Perosomus elumbis*

Dystocia may be of fetal or maternal origin. Fetal dystocia occurs mainly due to fetal oversize, mal-disposition and monsters (Noakes *et al.*, 2009). Dystocia due to monsters in goats was found to be 1.4% (Ali, 2011). *Perosomus elumbis* is one of the rare condition in goat, characterised by hypoplasia or aplasia of the spinal cord which ends in the thoracic region. On the other hand, mummification of the fetus occurs when the fetus dies in utero and remains in closed uterus, fetal and body fluids will be resorbed and becomes mummified. Mummified fetus may be delivered along with normal living fetus at term, as the fetus is retained in utero and corpus luteum may remain active (Jackson, 2004). Fetal mummification associated with a persistent corpus luteum (CL) is observed mainly in cattle and goats. It is associated with four major conditions: toxoplasmosis, *Chlamydophila*, border disease, and *Coxiella* infection in sheep and goats (Lefebvre, 2015). In the present report dystocia due to perosomus elumbis monster fetus along with a mummified fetus in a Mahabubnagar local doe is reported.

A full term pregnant Mahabubnagar doe at its 4th parity was presented with the history of straining, severe bleating and rupture of water bags 4 hours previously but no fetal parts were visible at the vulva. All the clinical parameters were found normal. After epidural anaesthesia, perineal area was washed with antiseptic solution and animal was examined per vaginum. The birth canal was completely dilated and a fully developed dead fetus was found in the birth canal, in anterior longitudinal presentation with unilateral shoulder flexion.



Fig.1. Mummified fetus and *Perosomus elumbis* monster born along with a viable fetus in a Mahabubnagar doe.

The birth canal was properly lubricated with liquid paraffin and the fetus was delivered after correcting the posture. The genital tract was further examined for presence of another fetus which revealed presence of a normally developed live fetus and a small, dead fetus which were delivered by gentle traction. The afterbirths were removed manually and the doe was treated with Inj. Enrofloxacin @ 5mg/kg b wt, Inj. Chlorphenamine maleate @ 3ml/animal and Inj. Meloxicam @ 0.5 mg/kg b. wt for three days. Examination of both the dead foetuses revealed that the small fetus was chocolate coloured, with absence of eye balls and shrivelled in appearance indicating a mummified fetus. Whereas the other fetus had rudimentary lumbar vertebrae and pelvis, muscular atrophy of the hind quarter and ankylosis of joints (Fig. 1). All the features observed were indicative of *Persomous elumbis* monster.

In does and ewes, fetal mummification is uncommon, and affects both single and twin foetuses (Lefebvre, 2015). In the polytocous species a number

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of fetus may become mummified as the fetuses compete for uterine space and rest of litter remains normal (Jackson, 2004). Similar case of a mummified fetus along with a fully developed fetus was reported by Alagar *et al.* (2016) the regions of the body including the hind limbs, which are normally supplied by the lumbar and sacral nerves, exhibit muscular atrophy, and joint movement does not develop. The rigidity of the posterior limbs may then cause dystocia (Noakes, 2009). A similar case of dystocia due to persomous elumbis monster in goats (Katiyar *et al.*, 2016) and buffaloes (Ajeet, 2016) were reported in recent publications.

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