

FETAL ASCITES AS A CAUSE OF DYSTOCIA IN A HARIANA COWSANDEEP KUMAR^{1*}, ANAND KUMAR PANDEY¹, ROBIN² and KARAN SHARMA¹¹Department of Veterinary Gynaecology and Obstetrics, ²Department of Veterinary Surgery and Radiology, College of Veterinary Sciences, Lala Lajpat Rai University of Veterinary and Animals Sciences, Hisar-125004, (Haryana), India

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SUMMARY

A case of dystocia in a cow was reported in clinics with complete dilatation of cervix and distention of fetal abdomen due to accumulation of excessive fluid. Fetal abdomen was incised to drain the excessive fluid. Following reduction in the size of distended abdomen, the dead fetus was expelled by applying traction successfully.

Key words: Cow, Dystocia, Fetal ascites, Traction

Fluid accumulation in peritoneal cavity of fetus often predisposes to dystocia in bovines. Fetal ascites is seen as an occasional cause of dystocia in many species but occurs more frequently in the cow and occasionally in sheep (Purohit *et al.*, 2006). Obstetrical management of bovine dystocia associated with fetal ascites requires fluid evacuation followed by fetotomy or in rare cases need caesarean operation (Honparkhe *et al.*, 2003; Noakes, 2009). Present report puts on record fetal ascites and its successful per-vaginal delivery in Hariana cow.

A pluriparous Hariana cow at full term in second stage of parturition suffering from dystocia due to fetal cause was referred to the university clinics, Hisar with the history of straining for last 8 hours and water bags had been ruptured with failure to deliver the fetus. Both forelimbs and head were visible in the birth canal. Per-vaginum examination revealed complete dilatation of cervix and distention of fetal abdomen due to accumulation of excessive fluid. Foetal movements and other reflexes were absent.

Before the start of obstetrical intervention, caudal epidural anaesthesia (2% Lignocaine HCl, 6 ml) was given to avoid straining by the animal. As uterine cavity was dry so lubrication was done by 1.5 liters liquid paraffin. Fetal abdomen was incised with the help of embryotomy knife and large amount of straw colour fluid oozed out from distended abdomen through vagina. Following reduction in the size of distended abdomen, the fetus was expelled by applying traction on forelimbs with help of snares (Fig.1). Post-operative antibiotics and NSAID (inj. Intacef® 4.0 gm O.D. for 3 days by I.M., inj. Melonex® 20 ml I.M for 3days) and fluid therapy (Inj. Mifex® 450 ml slow I.V. once, Inj. Intalyte® 3 liters I.V. infusion for 3 days) was administered to prevent shock and secondary bacterial infections. The animal had uneventful recovery.

Management of bovine dystocia with fetal ascites warrants evacuation of accumulated fluid (Honparkhe *et al.*, 2003) or caesarean operation (Gandotra *et al.*, 2003; Vidya Sagar *et al.*, 2010). Portal hypertension raises capillary hydrostatic pressure and consequently results accumulation of transudate in fetal peritoneal cavity (Mohri *et al.*, 2007). Circulatory stasis of lymphatics may also lead to development of ascites. Development of fetal ascites further



Fig. 1: Ascitic foetus with the distended abdomen

aggravates the condition through stimulatory effect on blood pressure by aldosterone (Sloss and Dufty, 1980). Dystocia due to accumulation of fluid in peritoneal cavity have also been reported previously in crossbred cattle (Honparkhe *et al.*, 2003) and buffalo (Pandey *et al.*, 2011).

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