

DICEPHALIC INIODYMUS MONAUCHENOS MONSTER IN A PRIMIPARA CROSS BRED JERSEY COWA.GANESAN^{1*}, M.MURUGAN¹, U.LAKHMIKANTAN², CHHAVI GUPTA³, D.VISHNUGURUBARAN⁴,
T.SATHIAMOORTHY⁵ and R.RAMPABHU⁶¹Department of Veterinary Gynaecology and Obstetrics, Veterinary college and Research Institute, Tirunelveli²Veterinary University Training and Research Centre, Tirupur^{3,6}Veterinary Clinical Complex, Veterinary college and Research Institute, Tirunelveli⁴Department of Veterinary Surgery and Radiology, Veterinary college and Research Institute, Tirunelveli⁵Department of Veterinary Gynaecology and Obstetrics, Madras Veterinary College, Chennai-600051 (T.N.), India

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SUMMARY

Fetal causes of dystocia are one among the prime cause of dystocia due to feto-maternal pelvic disproportion in bovines. Often cephalopelvic disproportion warrants surgical interventions to relieve dystocia. However, the present case report explicates the dystocia due to conjoined monster (Dicephalic iniodymus monauchenous) and its successful management in a primipara cross-bred Jersey cow without surgical interventions and much complications.

Key words: Cow, Dicephalic, Dystocia, Iniodymus, Monauchenous

Fetal monsters as a cause of feto-maternal pelvic disproportion is the imperative cause of dystocia and it often warrants surgical intervention owing to its relative over sized fetus. Fetal monsters like dicephalus are a kind of conjoined twin arise due to anomalous growth of embryo (Colburn *et al.* 1997; Noakes *et al.* 2001). The present case study reports occurrence of dicephalic iniodymus monauchenos monster in a primipara cow and its successful management.

A 2.5 year old primiparous crossbred Jersey cow presented to the Large animal Obstetrics unit of Veterinary Clinical Complex, Tirunelveli with a history of first water bag rupture, intermittent straining for the past 12 hours and handled by local veterinarian. On clinical examination the cow appeared alert and active with normal rectal temperature (38.7°C), elevated pulse (135/min) and respiratory rate (47 breaths/min). Internal obstetrical (vaginal) examination revealed anterior longitudinal presentation, left lateral deviation of head and neck with extended forelimbs. The fetal reflexes were absent. On careful cephalic examination of fetus was duplicated (Conjoined cephalic portion). Radiographic examination of fetus was performed to study the conjoined structures.

The pelvic room was sufficient to correct the malpositioned fetus; hence it was decided to perform mutational operation to repel the fetal forelimbs back into the birth canal and to correct the deviation of head and neck. Hence, animal was restrained adequately and epidural anesthesia was attained by administering 5 ml of 2 % Inj. Lignocaine Hcl in addition to that as a part of intra uterine liquid replacement therapy 100 g of Carboxymethyl cellulose was dissolved in 4.5 liters of hot water to replenish the loss of fluid in birth canal. After thorough lubrication the fetal head was brought into the pelvic inlet by grasping the muzzle manually followed by extension of fore limbs, gentle traction was applied on the extended extremities and a dead male calf was extracted

(Fig. 1). Following per vaginal delivery as a routine post operative care the animal was treated with Inj. Ceftriaxone 3 g. (IM), Normal saline (2 liters, IV), Ringers Lactate (2 liters, IV) and Inj. Flunixin Meglumine (8 ml, IM) and Solution. Involon Strong (herbal uterotonic) was prescribed (500 ml orally) for five days. The animal recovered uneventfully.

The dead male calf was characterized by the fusion of two heads (dicephalic) at the occipital region with a single cervical vertebrae and a single neck



Fig. 1: Per-vaginally delivered fetal monster



Fig. 2: Demonstrating common oro-pharynx and fusion of skull at occiput

*Corresponding author : ganvet43@gmail.com



Fig.3: Fetal Monster with conjoined skull at the level of occiput, two pairs of orbits and a single neck

(monauchenos) (Roberts, 1986). Examination of head showed four eyes, two ears and a common oro-pharynx (Fig.2). Radiography was carried out to corroborate the above findings (Fig.3). According to the terminologies devised by Camon *et al.* (1992) the present fetus was confirmed as dicephalic iniodymus monauchenos male calf.

Congenital defects arise owing to an anomalous burgeoning of fetus often diagnosed at the time of birth/parturition. These congenital monsters arise due to multi-factorial etiological agents such as genetic or

environmental infectious diseases (Ramadan, 1996). Early intervention in terms of diagnosis and treatment may preserve the future fertility and prevents the morbidity, mortality of the dam (Fourichon *et al.*, 2004).

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