

OBSTETRICAL MANAGEMENT OF ISCHIOFAGUS CONJOINED TWINS IN A NON - DESCRIPT COW BY PARTIAL FETOTOMY

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Received : 19.03.2019; Accepted : 30.03.2019

SUMMARY

A four year old full term non-descript cow was presented to the Large Animal Obstetrics Unit of Madras Veterinary College Teaching Hospital with the history of continuous straining for past 12 hours, restlessness and in lateral recumbency. Clinical examination revealed the presence of the head of the dead foetus and forelimbs in the vaginal passage protruding outside the vulval lips and per vaginal examination revealed hiplock with the presence of conjoined twin monster fetus. Partial fetotomy was performed and the case is discussed.

Keywords: Cow, Dystocia, Ischiopagus Conjoined Twins, Partial Fetotomy

Developmental abnormalities of the ovum, embryo or fetus occur in all species of domestic animals. Monstrosity is a disturbance of the development that involves various organs and systems which can cause great distortion of the individual (Vegad, 2007). Monstrosities are associated either with infectious disease or congenital defects (Noakes *et al.*, 2009) which may or may not interfere with birth. It is important to know various type of monsters in animals that cannot be easily delivered and require a caesarean section or fetotomy (Sharma, 2006). A case of ischiopagus conjoined twin in a non descript cow and its obstetrical management is reported.

A four year old full term non-descript cow in its third gestation was presented to the large animal Obstetrics unit of Madras Veterinary College Teaching Hospital with the history of straining for past 12 hours and unable to deliver the fetus. The animal was in lateral recumbency with continuous straining and restlessness and the dead fetal head and forelimbs were protruding outside the vulval lips. Vaginal examination revealed hiplock condition with a conjoined twin.

Upon failure to deliver the foetus per vaginam, epidural anaesthesia with 2% lignocaine hydrochloride was induced and partial fetotomy was performed to dissect two hind limbs of same fetus above hock joint using Thygeson's fetotome and traction was applied. The second fetus was delivered in posterior presentation conjointly following delivery of first fetus. Clinical and radiographic examination of fetuses revealed the condition as ischiopagus conjoined twins (Fig. 1 and 2). The cow was treated with Inj. Streptopenicillin @ 2 ml/50 kg BW, Calcium borogluconate @ 1mg/kg BW, Chlorpheniramine maleate @ 1mg/kg BW and along with fluids and vitamins for five days and the animal recovered uneventfully. The cause of anomalous development may occasionally be obvious but more often is obscure because of its multifactorial nature (Rousseaux and Ribble, 1988). Simon *et al.* (2009) stated that conjoined twins were always genetically identical and shared the same sex. Ischiopagus conjoined twins, a fetal cause of dystocia was



Fig. 1: Ischiopagus conjoined twin monster fetuses delivered per-vaginum after fetotomy

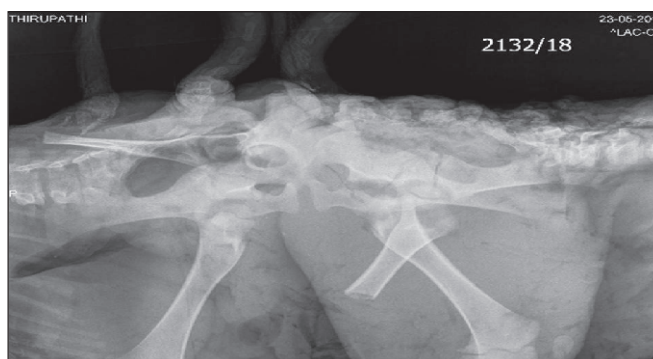


Fig. 2: X-Ray showing fusion of pelvic joints confirming ischiopagus condition

obstetrically managed by partial fetotomy to facilitate per vaginal delivery.

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