

DYSTOCIA DUE TO *SCHISTOSOMUS REFLEXUS* IN A MARWARI EWEPRAMOD KUMAR*, G. SASI, SATISH, BANU PRAKASH, RAJENDRA MEHRA,
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SUMMARY

Five years' old, Marwari ewe was presented to the TVCC, CVAS, Bikaner, Rajasthan with dystocia since 8 hours duration. Intestine part and abdominal viscera of fetus were protruded from the vulva of the ewe. On thorough physical and vaginal examination, there was evidences of deformed fetus (*Schistosomus reflexus*) in the pelvic cavity. The dystocia was relieved by retropulsion, adjustment of extremities and traction and there was a complete recovery of the ewe 3 days post-operative management.

Keywords: Dystocia, Ewe, Monstrosity, *Schistosomus reflexus*

Schistosomus reflexus is a rare congenital defect primarily seen in ruminants (Suthar *et al.*, 2011; Bhattacharyya *et al.*, 2012). Displayed viscera and spinal inversion both are included in a true *Schistosomus reflexus* (Laughton *et al.*, 2005). The incidence of *Schistosomus reflexus* monster, though rare in sheep and goat and were reported by Tsuma and Abuom, 2008; Bhattacharyya *et al.*, 2012; Motunrayo *et al.*, 2015 in ewes and Suthar *et al.*, 2011; Ravi kumar *et al.*, 2013, Brijesh *et al.*, 2016; Singh *et al.*, 2017 in goats, respectively. In cases of *Schistosomus reflexus* monster, unassisted expulsion only occur in miniature monster fetuses (Kalita *et al.*, 2004) and fully dilated birth canal with some adjustment of extremities (Singh *et al.*, 2017) while caesarian section or fetotomy is preferred for fully developed *Schistosomus reflexus* monster (Suthar *et al.*, 2011). In this case report, successful vaginal delivery of *Schistosomus reflexus* through retropulsion, adjustment of extremities and traction in a Marwari ewe is reported.

Five years' old, Marwari ewe weighing 43kg was presented with dystocia since 8 hours at Teaching Veterinary Clinics Complex, College of Veterinary and Animal Science, Bikaner with history of protruding intestine part and abdominal visera of deformed fetus from the vulva of the ewe (Fig. 1). On thorough physical and vaginal examination revealed deformed fetus (*Schistosomus reflexus*) in the pelvic cavity. Clinically, the rectal temperature, 39.3 °C, heart rate (85 beats/min) and respiratory rate (48 breaths/min) were within normal ranges. The mucous membranes were pinkish (normal) and capillary refill time was less than 2 seconds. The intravaginal exploration under an epidural block with lignocaine exposed a fully

dilated cervix containing fetal parts felt per vagina. Based on vaginal examination, a tentative diagnosis of dystocia due to malpresentation and malpositioning was made. Retropulsion, adjustment of extremities and manual traction were employed to relieve a *Schistosomus reflexus* monster.

After care of the ewe included IV infusion of fluids (1/2 liters Ringer lactate, 1/2 liters 5% dextrose and 150 ml calcium borogluconate) and administration of antibiotic (Inj- Mofoi 7 ml I/M), anti-inflammatory (Inj-Unizif 1.5ml I/M, and antihistaminic drugs (Inj-Avilin 4 ml I/M). Intra uterine pass aries (Bol-Cleanex) and herbal uterine cleanser (Liq-Utrasafe 50ml orally) were also given. There was an uneventful recovery.

Naturally, ewes would lamb without assistance at term. In ewes, parturition occurs in 3 successive stages that do not exceed 2 to 3 hours and delays only signify some form of complications (Speijer *et al.*, 2010). *Schistosomus*

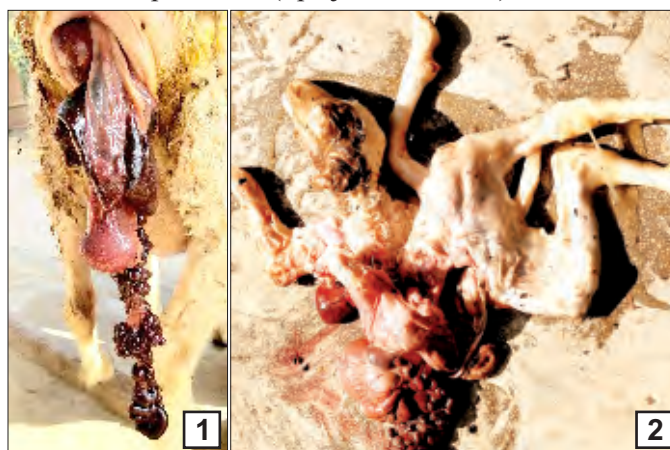


Fig. 1 & 2. (1) Intestine loop and abdominal viscera of fetus were protrude from vulva of Marwari ewe. (2) *Schistosomus reflexus* monstrous fetus of ewe.

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reflexus is one of the congenital anomalies that promote dystocia in ewes (Laughton *et al.*, 2005). This fetal congenital syndrome is characterized by the presence of exposed abdominal and sometimes thoracic viscera (*Schistosomus*) (Fig. 2), and marked spinal inversion producing a distinctive ventral convex curvature reflexus (Laughton *et al.*, 2005; Tsuma and Abuom, 2008). The condition is commonly marked by incomplete closure of the ventral body wall often presenting as mummification and monstrosity. *Schistosomus reflexus* is mostly reported in cattle than in other species (Tsuma and Abuom, 2008; Azawi *et al.*, 2012). The disparity in the occurrence of this congenital abnormality in different species may be attributed to under reporting of clinical cases. In small ruminants including ewes, *Schistosomus reflexus* is best relieved by caesarian sections or fetotomy than other procedures due to the relatively small birth canal especially in the primigravidae (Suthar *et al.*, 2011). However, a *Schistosomus reflexus* in Marwari ewe was successfully relieved through a well performed retropulsion, adjustment of extremities and traction. In conclusion, the case presented is a true *Schistosomus reflexus* monster in Marwari ewe and relieved of this condition be placed on adequate post-operative treatment as described in section 3.

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