

Obstetrical Management of Fetal Malposture with Emphysema in a Crossbred Cow - A Case Report

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ABSTRACT

A pluriparous crossbred cow was brought to college hospital with the history of dystocia. After stabilizing the animal with first aid treatment the thorough clinical examination under epidural analgesia revealed emphysematous fetus yielding fetid smell with lateral displacement of head and neck. Under liberal lubrication with 1% carboxy methyl cellulose gel (CMC) subcutaneous partial fetotomy was performed and through simple mutations and traction the emphysematous fetus was removed.

Keywords: Bovine, Dystocia, Foetal emphysema, Fetotomy.

I. INTRODUCTION

The deviation of foetal head and neck in anterior presentation had been one of the common forms of foetal dystocia in bovine species posing greater problem to field veterinarians and often even threatening the life of the dam also (Noakes *et al.*, 2009). Fetal emphysema is a frequent complication of parturition and a primary cause of dystocia in farm animals (Arthur *et al.*, 2001). There is putrefaction characterized by formation of gases in the subcutaneous tissue within 24-72 h subsequent to the death of the foetus and the foetus becomes soft, decomposed and distended with gases (Sane *et al.*, 1994). Amongst different reasons, the deviation of head and neck of fetus in anterior presentation are most common (Roberts, 1971) and may be in any direction (Das *et al.*, 2009). The lateral deviation of head especially in a dead fetus becomes life threatening for the dam due to uterine contractions in inappropriately treated cases (Sane *et al.*, 1994). The present communication describes clinical management of a case of dystocia due to lateral deviation of head and neck with further complication of fetal emphysema in a crossbred cow.

II. METHODS AND MATERIAL

Case History and Clinical Observations

A pluripara crossbred cow at full term was presented to college hospital in sterna recumbency with the history of dystocia after having been attended by field vets. On clinical examination the cow was dull and depressed with frequent attempts of straining. Pervaginal examination carried out under epidural analgesia after thorough washing of the perineum with potassium permanganate solution revealed emphysematous fetus in anterior presentation, dorso sacral position and left lateral deviation of head and neck yielding fetid smell. Both forelimbs of the fetus were fully extended through the birth passage. The birth passage including the vulvae was found dry and edematous.

III. RESULT AND DISCUSSION

Obstetrical Management

Soon after receiving the case as first aid cow was administered DNS 500ml and Intalylte 500ml as I.V. infusion; and Enrofloxacin 20ml, Maxxitol-xp 20 ml, and Avil 10ml I.M. route to stabilize the dam. Under caudal epidural analgesia with 10 ml of 2% xylocaine

hydrochloride the birth canal was liberally lubricated with 1% carboxy methyl cellulose gel (CMC). As the foetus was fully emphysematosed and due to lack of adequate space in the birth passage it was decided to perform subcutaneous fetotomy. Two longitudinal incisions on anterior and posterior surfaces of metacarpal region of the left limb were made with BP blade No. 22 and judiciously foetal skin was separated with fingers and curved scissors from its underlying attachments throughout the entire length of the limb. Then the fetlock joint was disarticulated and by simple traction the skinned limb was removed. Similar procedure was repeated on the other limb also. Subsequently under liberal lubrication with CMC gel the foetal malposture was corrected through simple mutations and by application of moderate amount of traction the foetus was taken out (Fig.1). Following delivery of the fetus the cow was given Oxytocin in intravenous fluids and B-complex injection and the animal was discharged with due recommendations for follow up treatment.



Figure 1

IV. REFERENCES

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