

DYSTOCIA DUE TO LATERAL DEVIATION OF THE HEAD AND FOETAL EMPHYSEMA IN A SHE BUFFALO

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ABSTRACT

A case of dystocia due to lateral deviation of head and foetal emphysema in a she buffalo was presented to Teaching Veterinary Clinical Service Complex. The foetal death had occurred 24 h earlier as per history and clinical examination. The postural defect of the foetus was corrected and several deep incisions were given over the foetal skin to relieve gases and subsequent dystocia. The animal made an uneventful recovery.

Keywords: dystocia, deviation, emphysema, buffalo, recovery

INTRODUCTION

Foetal emphysema is a frequent complication of parturition and primary cause of dystocia in farm animals (Arthur *et al.*, 2001). There is putrefaction characterized by formation of gases in the subcutis within 24-72 h, subsequent to death of foetus and the foetus becomes soft, decomposed and distended with gases (Sane *et al.*, 1994). Srinivas *et al.* (2007) reported that 40.84 percent of dystocia in graded Murrah buffalo are due to fetal cause, among which head deviations were 42.22 percent. The present communication describes a case of dystocia due to lateral deviation of head, further complicated by foetal emphysema in a she buffalo.

CASE HISTORY AND OBSERVATIONS

A pluriparous full term pregnant Murrah buffalo was presented to Teaching Veterinary Clinical Service Complex, College of Veterinary Science and Animal Husbandry Mhow with a history of dystocia. The animal was straining continuously and forelimbs appeared through the birth canal. Pervaginal examination revealed presence of an emphysematous foetus in normal presentation and position with lateral deviation of the head. The birth canal was dry, fully dilated and the vulva of the animal was swollen. The foetal skin was dry, cool with scanty foetal fluids and crepitant feeling of the subcutis was palpable. The animal had temperature of 103.2°F.

OBSTETRICAL MANAGEMENT AND DISCUSSION

The animal was put under caudal epidural analgesia with 8 ml of 2% xylocaine and the birth canal was copiously lubricated using liquid paraffin. The foetus was first repelled in the abdominal cavity and eye hook with snare was applied in the eye socket.

On giving traction to the eye hook, the postural defect of foetus was corrected. Snare was also applied to both fore limbs separately. On application of traction to snare and eye hook, the



Figure 1. Foetal emphysema in a she buffalo.

foetus was not expelled; either the foetal head or only the limbs were able to pass through the birth canal. Hence, it was decided to give traction to foetal head only. Upon expulsion of foetal head several deep incisions over skin of neck region were given with help of sharp knife to relieve gases. This subsequently reduced the foetal volume and now on application of traction to the snares, the foetus was expelled. The birth canal was lubricated at intervals and several incisions were again given over the foetal abdomen to cause further reduction in foetal mass. The putrid, emphysematous foetus was expelled in this manner (Figure 1).

The animal was given immediate fluid therapy (5 l of normal saline), intra uterine antibiotics 4 Furea bolus (Nitrofurazone 60 mg + urea 6 gm) and 20 ml oxytetracycline LA (200 mg/ml) once daily with other supportive treatment including analgesics and anti-inflammatory drugs for next 3 days. The animal expelled the placenta normally after 6 h and made an uneventful recovery.

The present communication describes the successful management of dystocia due to lateral deviation of head further complicated by foetal emphysema in a she buffalo.

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