

Case Report

DYSTOCIA DUE TO FOETAL ANASARCA WITH ACHONDROPLASIA IN A GOAT – A CASE REPORT

Jayachandra H.K., *Harish Kulkarni, Shivanand Magadum and Sharanabasava Badami

Department of Animal Husbandry and Veterinary Services

Government of Karnataka, INDIA

**Author for Correspondence*

ABSTRACT

A two year old South African Boer was presented with the history of straining, showing discomfort towards normal daily routine activities and ruptured water bag. On per-vaginal examination by passing fingers revealed dilated cervix without any foetal parts in the genital tract and we decided to relive dystocia by caesarian section. Initially a live male foetus was recovered from left horn and on examination of right horn, a malformed foetus was found near the uterine body and foetal parts were extended in the right uterine horn but unable to retrieve through the incised left horn, hence right side hysterotomy was performed via same skin incision after suturing the left horn and a foetus with anasarca and achondroplasia was retrieved.

Key Words: *Dystocia, Caesarian, Achondroplasia, Anasarca*

INTRODUCTION

Foetal causes of dystocia are numerous and generally due to abnormal presentation, position, posture and excessive size of foetus. The incidence of dystocia varies between 8 to 50% in both sheep and goats and appears to be greater in dams carrying single and male fetuses (Purohit, 2006). Dystocia occurred more in goats having male (63.4%) than female kids (36.6%). Mortality rate of the kids was 61.1%. Prevalence of dystocia was higher in two-year-old does and at first calving (Majeer and Taha, 1989). In present case successful management of dystocia by caesarian section in a doe is discussed.

CASES

A 2 year old, South African Boer doe presented to Veterinary Dispensary, Indoor; Mundagod, Taluk; Uttara Kannada, District; Karnataka State, with a history of straining, showing discomfort towards normal daily routine activities and ruptured water bag. The owner reported that animal completed its gestation period and initially it was attended by a quack and while his manipulation and traction both the hind legs of foetus detached from the rest of the body. On clinical examination, ruptured allantoic membrane with severe bleeding was noticed. Per-vaginal examination by passing fingers revealed dilated cervix without any foetal parts in the genital tract. The physiological parameters were within the normal range. Initially medical treatment was carried out by giving intravenous calcium borogluconate 100ml and ringer's lactate 300ml. After 1 hour intravenous dexamethasone was given. No response was noticed from the animal and unable to parturite. Finally caesarian operation was planned.

DISCUSSION

Animal was placed in right lateral recumbency; left paramedian i.e. lower flank region was aseptically prepared using surgical spirit and povidone iodine. Linear infiltration block was performed using 2% lignocaine. Longitudinal surgical skin incision around 10cm was given subcutaneous tissue and fascia was separated. Incised rectus abdominus muscle, transverse abdominus muscle and peritoneum. Initially left gravid uterine horn was exteriorised and incised. One healthy, alive foetus was taken out. The horn was checked for other foetus and malformed foetus found near uterine body and body of the foetus was extended in the right uterine horn but unable to retrieve through the incised area hence right side hysterotomy was performed after suturing the left side with double layer Cushing's followed by

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Lembert's pattern using cat gut No 1. Right side horn was exteriorised via same skin incision and foetal monster was retrieved. The uterine incision was closed as per the pattern followed for left uterine horn. The peritoneum was sutured separately by simple continuous pattern using catgut No1. The muscles were sutured by continuous interlocking pattern using catgut No 2. Skin was closed by horizontal mattress using silk No 2. On examination of foetus, generalised oedema of body with shortened forelimbs as compared to rest of the body was noticed.



Figure 1: Anasarca and Achondroplastic kid in South African Boer



Figure 2: Doe with normal live kid immediately after caesarian



Figure 3: Doe after caesarian- post operative 10th day

Roberts (2004) reported that foetal anasarca may develop in a single foetus or one of the twins. The author also mentioned anasarca and achondroplasia or bull dog calves were due to simple autosomal recessive gene.

Majeer and Taha (1989) concluded that caesarean section was a safe method of kid delivery with a high success rate (96.2%), followed by traction and manual correction (85.9%). The normal kidding without assistance had a success of 57.1%.

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