Successful per-vaginal delivery of a schistosomus reflexus monster fetus in a crossbred cow – a case report

Pramod Kumar*[1], Satish[2], BhanuPrakash[3], RajendraMehra[3], G.Sasi[3], Tipu Sultan[3], Lakhan Ram Yadav[3] and Amit Narwal[3]

Department of Veterinary Gynecology and Obstetrics
College of Veterinary and Animal Science
Rajasthan University of Veterinary and Animal Sciences
Bikaner, Rajasthan, India

ABSTRACT

Nine years old crossbred cow was presented to the TVCC, CVAS, Bikaner with dystocia of about 9 hours duration. Intestine parts and abdominal visera of the fetus were protruded from the vulva of the cow. Vaginal examination confirmed deformed fetus (schistosomus reflexus) in the pelvic cavity. The dystocia was relieved through vaginal passage by mutation and forced traction.

Key Words: Dystocia, Cow, Monster, Schistosomus reflexus

Schistosomus reflexus is a rare congenital defect primarily seen in ruminants. It may occurs either due to genetic aberrations and defects in the embryological development of the fetus resulting in failure of the abdominal wall to close and exposure of the abdominal contents (Laughton *et al.*, 2005) or may be due to teratogens causing abnormalities in the developing embryo or fetus (Azawi *et al.,* 2012). The monster usually causes dystocia in bovines and the incidence of schistosomus reflexus was recorded as 1.3% (Knight, 1996). The dystocia can be relieved by either mutation or fetotomy or laparohysterotomy operation. The present communication describes the successful vaginal delivery of schistosomus reflexus through mutation and forced traction in a crossbred cow.

*Corresponding author
Email Id: dhaterwal.pramod@gmail.com
[1] Assistant Professor
[2] Ph.D Scholar
[3] M.V.Sc. Scholar

Nine years old crossbred cow was presented with dystocia of about 9 hours duration 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 cow. Clinically, the rectal temperature, 101.5 °F, heart rate (70 beats/min) and respiratory rate (32 breaths/min) were within normal ranges.

Based on vaginal examination, the case was diagnosed as dystocia due to schistosomus reflexus. The intravaginal exploration done under an epidural block using 2% xylocaine. Dilatation of birth canal was sufficient and dystocia was due to malpresentation and malpositioning of fetus. Mutation procedure including extension and adjustment of extremities and forced traction were employed to relieve a schistosomus reflexus moster with arthrogyposis in limbs (Fig 1).

Fig.1.Schistosomus reflexus fetus with exposed visceral organs/intestine and arthogyposis in limbs

After care of the cow includes IV infusion of fluids (2 liters Ringer lactate, 2 liters 5% dextrose and 450 ml calcium borogluconate) and administration of antibiotics (Inj- Mofoi25 ml I/M, Bovion), anti-inflammatory (Inj-Meglulast 7ml I/M, Vet Mankind) and antihistaminic drugs(Inj-Avilin10 ml I/M, MSD). Intrauterine passaries (Bol-Cleanex 8 boli, Bohrenger) and herbal uterine cleanser (Liq-Uterivive100ml orally for 5 days, Virbac) were also given. The owner was advised to follow up the treatment for next 3 days and there was an uneventful recovery.

The present report is a documentation of a case of dystocia due to true schistosomus reflexus in a crossbred cow. Generally fetal monster causes dystocia in animals while Mehrotra *et al*., (2016) reported a unique case of eutocia with schistosomus reflexus monster fetus in cattle. In fully dilated birth canal, if fetal size is small than vaginal delivery is successful through mutation in cattle (Napolean *et al*., 2018). In one report, cervicotomy was attempt in cattle to save from cesarean section complications (Manokaran *et al*., 2014). Partialfetotomy of fetus and caesarean section is usually performed to relive the dystocia from schistosomus reflexus monster. However, in the present case of schistosomus reflexus in crossbred cow was successfully relieved through birth canal by well performed mutation operation and forced traction similarly Napolean *et al*., (2018) also reported per vaginal delivery of schistosomus reflexus monster in crossbred cow.

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