

OBSTETRICAL MANAGEMENT OF DYSTOCIA DUE TO MONOCEPHALUS TETRABRACHIUS TETRAPUS MONSTER IN A MURRAH BUFFALO – A CASE REPORT

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ABSTRACT

A pluriparous Murrah buffalo was referred to Veterinary Polyclinic, Mansa with a history of complete gestational length and in the 2nd stage of parturition with two forelimbs hanging from the vulva. All basic physiological parameters were within the normal range. On per-vaginal examination, dilated cervix with a live fetus having more than two fore limbs, one head and more than two hind limbs was found. The case was diagnosed as a monster fetus. Per-vaginal delivery was not possible and caesarean section was performed and Monocephalus Tetrabrachius Tetrapus foetus was delivered.

Keywords: Dystocia, monster, buffalo, caesarean

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INTRODUCTION

The ovum, embryo, or fetus can develop abnormally in any domestic animal species. The disturbance of development involving multiple organs and systems that can significantly alter an individual is referred to as monstrosity (Arthur *et al.*, 2001). The monstrosities are associated with either infectious disease or congenital defects, which may or may not interfere with birth (Begna and Deresa 2023).

Congenital fetal disorders involving partial duplication of bodily structures are caused by aberrant duplication or disruptions of the inner cell mass in an embryo. The cranial part of the fetus is more likely than the caudal part to duplicate (Roberts, 2004). It is crucial to understand the different kinds of animal monsters that typically result in dystocia, which is challenging to deliver and typically requires a fetotomy or caesarean section (Sharma, 2006; Vegad, 2007). The present paper describes the management of a rare case of dystocia due to a monster (Monocephalus Tetrabrachius Tetrapus) through caesarean section in a Murrah buffalo.

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CASE HISTORY AND OBSERVATIONS

A pluriparous Murrah buffalo was referred to Veterinary Polyclinic, Mansa, with a history of complete gestational length, restlessness, mild straining, along with udder enlargement, teat engorgement and in the 2nd stage of parturition with two forelimbs hanging from the vulva. The first water bag was ruptured four hours ago. Per-vaginal examination revealed fully dilated cervix with live fetus having more than two fore limbs, one head and more than two hind limbs.

TREATMENT AND DISCUSSION

Since forced extraction was not possible and the fetus was alive, the decision to perform a caesarean section through a paramedian laparohysterotomy approach was taken. The animal was restrained in right lateral recumbency. After preparing the site aseptically, an incision was made at the paramedian site just parallel to the milk vein (four fingers lateral to the milk vein) under local infiltration with 2 per cent lignocaine HCl. To gain access to the abdominal cavity, the incision was deepened by cutting through the peritoneum and layers of muscle. The uterus was exteriorized, and scissors were used to make a small incision in the uterus. Afterwards, a full-term live male fetal monster was extracted, having a single head with four fore and hind limbs each attached to the thorax of the fetus (Fig.1). However, the fetus died after a few minutes. The uterus was sutured in two layers with Vicryl no. 3 using the Cushing and Lambert suturing patterns, respectively. The first and second

muscle layers were sutured with Vicryl No. 3 in a lock stitch suture design. A cross-mattress suture design was used to stitch the skin with silk. During the surgery, the animal was treated with 4 litres of normal saline solution IV; inj. calcium-magnesium-borogluconate 450 ml I/V, inj. ceftriaxone and sulbactam injection 4.5 gm I/M (Dose rate @ 5-10mg/kg), inj. chlorpheniramine maleate 15ml I/M, inj. flunixin meglumine 10 ml I/M (Dose rate @ 1.1-2.2mg/kg), inj. metronidazole 3 lt. I/V and inj. Vit. B complex 10 ml I/M. Following surgery, 15 mL of Meloxicam Intramuscularly (I/M) (Dose rate @ 0.5mg/kg body weight) and 4.5 g of ceftriaxone and sulbactam I/M were prescribed for seven days. An antiseptic dressing with povidone iodine was recommended for 12 days, and skin sutures were removed on day 12 following surgery. The buffalo showed an uneventful recovery. Postmortem examination of monster revealed complete development of visceral organs and musculoskeletal system without any duplication (Fig.2).

Congenital germinal layer duplication from a single ovum causes monstrosity, resulting in a monozygotic fetus with partial or total body structure duplication (Kumar and Reddy, 2008). Cattle and buffalo are prone to this ailment (Karasu *et al.*, 2024). The incidence of fetal monstrosities is rare, but when it occurs, it often leads to caesarean section or fetotomy (Sharma *et al.*, 2013). Dystocia caused by fetal monsters is more effectively relieved by caesarean section than fetotomy, as the latter is of limited usefulness except in a few cases involving monsters (Vermunt, 2009;

Dholpuria *et al.*, 2016). The survival rate of buffaloes after caesarean sections is lower (45.1%) as compared to buffaloes with or without partial foetotomy (Singh *et al.*, 2013). Because caesarean sections are the last option in cases of managed and delayed fetal monstrosity, it is crucial to diagnose the condition in the early stages of parturition.

CONCLUSION

A case of dystocia due to Monocephalus Tetrabrachius Tetrapus monster in Murrah buffalo and its



Fig.1. MonocephalusTetrabrachiusTetrapus monster calf

management is reported. The paper discusses the causes of foetal monstrosity. The need to diagnose the condition at the initial stages of parturition, as caesarean section becomes the last resort in manipulated and delayed cases of monstrosity, is also emphasised.

CONFLICTS OF INTEREST

The authors of this article declare that they have no conflicts of interest.



Fig.2. On postmortem examination all organs were present without duplication.

REFERENCES

Arthur, G.H., Noakes, D.E., Pearson, H. and Parkinson, T.J. (2001). *Veterinary Reproduction and Obstetrics*, 8th edition. W.B. Saunders Company Ltd. London.

Begna, N. D. and Deresa, A. K. (2023). Review of major congenital malformations in cattle: causes and future perspectives. *Journal of Dairy and Veterinary Sciences*, **15**(5): 1-14.

Dholpuria, S., Saraswat, C. S., Thanvi, P. and Sharma, S. (2016). Per-vaginal successful management of a rare case of dystocia in murrah buffalo due to dicephalus thoracophagus tetrabrachius tetrapus and dicaudatus monster: A case report. *Theriogenology*, **6**(1): 35-40.

Karasu, A., Kayıkcı, C., and Kuşcu, Y. (2024). Retrospective review of congenital anomaly cases in ruminants. *Van Veterinary Journal*, **35**(2), 125-131.

- Kumar, V.N. and Reddy, A.R.M. (2008). Syncephalus dipus tetrabrachius tetrapusdibrachius monster in ewe. *Indian Veterinary Journal*, **85**: 1335.
- Roberts, S.J. (2004). *Veterinary Obstetrics and Genital Diseases*. CBS Publishers, New Delhi. India. pp. 72-73.
- Sharma, A. (2006). Caesarean section in animals under field conditions: A retrospective study of 50 cases. *Indian Veterinary Journal*, **83**: 544-545.
- Sharma, A., Kumar, P., Singh, M., Vasishta, N.K., and Jaswal, R. (2013). Rare fetal monster in Holstein crossbred cow. *Open Veterinary Journal*, **3**(1): 8-10.
- Singh, G., Pandey, A.K., Agnihotri, D., Chander, S., Chandolia, R.K. and Dutt, R. (2013). Survival and fertility rate in buffaloes following caesarean section and mutation with/without partial fetotomy. *Indian Journal of Animal Sciences*, **83**: 251-253.
- Vegad, J.L. (2007). *Textbook of Veterinary General Pathology*, 2nd ed. International book distribution Company. pp. 544.
- Vermunt, J. (2009). Fetotomy. In: Noakes, D.E., T.J. Parkinson and G, C.W. England (eds.) *Veterinary Reproduction and Obstetrics*. Saunders Elsevier, Oxford, Saunders Co. Ltd, London, United Kingdom, pp. 326 – 343.