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A case report on management of dystocia due foetal ascites in an Indigenous cow in Assam

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Abstract

A case of dystocia with a full-term foetus in an indigenous cow was presented which was successfully managed by puncturing the abdomen of the foetus to draw out the accumulated straw- coloured fluid from the peritoneum

Keywords: Dystocia, foetal ascites, indigenous cow, Assam

Introduction

Foetal ascites is dropsy of the peritoneum which is probably due to diminished urinary excretion (Purohit *et al.*, 2012) [4]. It may be also due to overproduction or unsatisfactory drainage of the peritoneal fluid as a result of obstruction of the lymphatic system (Sloss abd Duffy., 1980) [7]. Dystocia due to foetal ascites in full term pregnancy have been reported as an occasional cause in many species but occurs more frequently in cows (Hoparkhe *et al.*, 2003). Moreover, foetal skin and subcutaneous tissue gets accumulated with a lot of fluid which may cause serious birth problem (Jackson, 2004) [3].

Case history and clinical observation

A 5 years old cow in her 2nd lactation, completing normal gestation period, was presented in Barpeta Road, Assam with a history of delivery straining for past few hours and appearance of two forelimbs and the head in the birth canal. The owner attempted to pull out the foetus but failed to do so. The cow already crossed the 2nd stage of labour and finally was presented with a dead foetus.

On examining per- vaginally, the vaginal mucous membranes were hyperemic, dry and oedematous and the birth passage was fully dilated. The foetus was in antero-longitudinal presentation, dorso-sacral position and its head and both the forelimbs were hanging out of the birth canal. Moreover, the abdomen of the foetus was greatly distended and tensed with large volume of peritoneal fluid. By the history and examining clinically, it was tentatively diagnosed that the dystocia was due to foetal ascites.

Treatment and discussion

The abdomen of the foetus was incised carefully with the help of a sterile BP knife to drain out the excessive abdominal fluid to reduce the pressure and size of the foetus. Since the foetus was in normal presentation, position and posture, snares were applied on the forelimb and was removed by applying simple traction. The post-obstetrical treatment included haemostatic injection (Texableed, 20ml, Vet Mankind) @10ml IM at stat to stop bleeding. A course of antibiotic Ceftiofur sodium @ 2.2mg per kg body weight IM for 5 days to prevent secondary bacterial infection. Flunixin meglumine @1.1 to 2.2 mg per kg body weight IM for 5 days was administered to reduce the pain and inflammation. To prevent retention of placental membranes, ecbolics like Furex-M bolus (Vetsfarma) was inserted IU and Exapar liquid (Ayurved) was administered @ 200ml followed by 100ml orally daily for 5 days.

Sane *et al.*, (1994) [6] reported that foetal ascites may be hereditary or due to disturbance in foetal circulation. Ascites may also be due to hepatic lesions, general venous congestion or urinary obstruction with or without rupture of bladder. Placental dysfunction consequent to incompatibility of them and foetus may predispose to foetal dropsy (Arthur *et al.*, 1986). The cause of foetal anasarca is not definitely known but is usually due to disturbance of fluid exchange or obstruction of the lymphatics which may prevent disposal of peritoneal fluid and

lead to foetal ascites. (Sloss and Duffy, 1986; Roberts, 2004)^[5]. It may therefore be concluded that in cases of dystocia arising due to foetal ascites can be successfully managed by puncturing the abdomen of the foetus and simple traction.



Fig 1: A dead foetus with hanged out forelimbs and head.



Fig 2: Foetus after removal with puncturing marks in the abdomen



Fig 3: The dam and the dead foetus after successful management.

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