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A rare case report of fetal maceration in a Nellore brown sheep

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Abstract
A Nellore Brown sheep in second parity was presented with a complaint of anorexia, dullness and a history of full term gestation. The owner complained that the animal not exhibited any signs of lambing. An abdominal palpation revealed presence of fetus. On pervaginal examination, cervix was dilated one finger. Per rectal examination revealed no palpable fetus and its parts. The lambing was induced to find no improvement even after 72 hours. Caesarean section was performed to remove a macerated fetus.

Keywords: Caesarean section, macerated fetus and sheep

Introduction
Maceration of fetus is the failure of an aborting fetus to be expelled due to uterine inertia in a dilated cervix, when invaded by bacteria causing autolysis of soft tissues and leaving the mass of fetal bones within the uterus. Fetal maceration has been reported in almost all the species however, it is rarely described in sheep. This condition commonly occurs in the event of fetal death after the formation of fetal bones (beyond 70 days in sheep and goat), regression of corpus luteum such animals failed to abort, even if the cervix is almost open probably due to uterine inertia [1]. Microorganism can enter into the uterus via the dilated cervix. Parts of the fetal soft tissues were get digested by the process of putrefaction followed by autolysis leaving the foetal bony parts within the uterus. This paper represents successful surgical management of fetal maceration in the Nellore Brown sheep.

History and clinical examination
A Nellore Brown sheep in second parity weighing approximately 30 kg was presented to the Department of Veterinary Clinical Complex, College of Veterinary Science, Proddatur with a complaint of anorexia, dullness and a history of completed gestation. The owner complained that the animal not exhibited any signs of lambing. On general clinical examination, animal was dull, depressed, anorectic, but pulse rate and temperature were within the normal range. The abdominal palpation revealed presence of fetus. On pervaginal examination, cervix was only one finger dilated.

Treatment and discussion
The parturition was induced with cloprostenol sodium 125µg I/M, dexamethasone 10mg I/M, valethamate bromide 20 mg and advised for reexamination after 24hrs. After 72 hrs sheep was presented to gynecological examination but the condition persist without any improvement.
The cesarean section was performed as per the standard operative protocol. The local anaesthesia was achieved using with 20 mL of 2% lidocaine as a linear block [2]. An oblique skin incision was made in the left paralumbar fossa and continued through the subcutaneous tissue as well as the external and internal abdominal oblique muscles. Transversus abdominus muscle was incised with the scissors and the peritoneum was tented and then incised with the scissors. This exposed the uterus which was exteriorized and incised on its greater curvature, to found a macerated fetus. Fetal bony parts were removed manually one by one (Fig 1). After ensuring that no large pieces of bones could be present, uterus was flushed with normal saline and washed with diluted povidone iodine solution followed by metronidazole antibiotic. The uterine muscles were sutured with chromic catgut size 1-0 using two layers of Lambert suture pattern. The abdomen was closed with interrupted interlock sutures using catgut size1 and the skin incision was sutured with silk using horizontal mattress suture pattern. The sheep was treated with intacef 500 mg, i/v), 5% dextrose slow 300 ml, I/V and Meloxicam @ 0.2mg/kg,

i/m Postoperatively. The antibiotic was continued for 5 days. The suture was removed on 12th day. The sheep recovered uneventfully.

Discussion

The incidence of fetal maceration is more commonly seen in cattle where as it is uncommon in sheep. This condition occurs because of non-delivery of dead fetus in spite of a dilated cervix followed by rapid entry of bacteria. Removal of fetal bone through vaginal canal is not generally advisable. When vaginal removal is impossible, removal of fetal bony parts through the caesarean section can be advisable [3, 4]. In the present case also the cervix was not sufficiently dilated to manipulate pervaginaly so caesarean section was performed to remove macerated fetus and dam was saved.

Fig 1: Macerated fetal parts and bones

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