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R Mahesh

Assistant Professor,
Veterinary Clinical Complex,
College of Veterinary Science,
Garividi, Sri Venkateswara
Veterinary University, Tirupati,
Andhra Pradesh, India

A Teja

Assistant Professor,
Veterinary Clinical Complex,
College of Veterinary Science,
Garividi, Sri Venkateswara
Veterinary University, Tirupati,
Andhra Pradesh, India

K Lavanya

Assistant Professor,
Veterinary Clinical Complex,
College of Veterinary Science,
Garividi, Sri Venkateswara
Veterinary University, Tirupati,
Andhra Pradesh, India

G Venkata Naidu

Associate Dean, College of
Veterinary Science, Garividi,
Sri Venkateswara Veterinary
University, Tirupati,
Andhra Pradesh, India

Correspondence

R Mahesh

Assistant Professor,
Veterinary Clinical Complex,
College of Veterinary Science,
Garividi, Sri Venkateswara
Veterinary University, Tirupati,
Andhra Pradesh, India

Surgical management of dystocia in a primiparous non-descriptive goat

R Mahesh, A Teja, K Lavanya and G Venkata Naidu

Abstract

A full term pregnant, non-descriptive goat in its first parity presented to the clinics with a history of anorexia and dullness since 2 days. The owner complained that the doe has not shown any signs of kidding. Pervaginal examination revealed malposture i.e. lateral deviation of head with extended fore limbs into the birth canal. Caesarean section was performed as an emergency by left paramedian approach under local analgesia with 2% lignocaine hydrochloride after unsuccessful attempts of manual correction and traction.

Keywords: Non-descriptive goat, dystocia, caesarean section

1. Introduction

Dystocia or difficulty in birth is a contribution factor in perinatal death of dams and newborns because of damage to the birth canal and use of excessive traction forces (Scott *et al.*, 2005) [5]. The incidence of dystocia in goats is about 7% (Abdul-Rahman *et al.*, 2000) [1] and it may be either due to maternal or fetal causes. The treatment of dystocia includes manual traction, fetotomy, hormonal and caesarean section (Taha *et al.*, 2005) [6]. The present study reports the successful management of dystocia due to lateral deviation of fetal head by caesarean section.

2. Case History and Clinical Observations

A full term pregnant non descriptive primiparous doe presented to the Veterinary Clinical Complex, College of Veterinary Science, Garividi with a history of anorexia and passed whitish discharges from vagina without any straining since two days. All the physiological parameters were within the normal range. Pervaginal examination revealed malposture i.e. lateral deviation of head with extended fore limbs into the birth canal. An unsuccessful manual traction of dead fetus was performed after epidural anaesthesia with 2% lignocaine hydrochloride. Hence, planned an emergency caesarean section planned to save the life of the doe.

3. Treatment and Discussion

The doe was resuscitated with 1lit. of 5% DNS and the ventral abdomen was prepared for aseptic surgery. Achieved local analgesia with 2% lignocaine hydrochloride at left paramedian site and delivered dead fetus (Fig: 1) from gravid uterus through left paramedian abdominal incision by following standard procedures. Closed uterine incision by lamberts followed by cushioning sutures with chromic catgut no.1 (Fig: 2). Abdominal wound was closed by standard procedures and intramuscularly administered Streptopenicillin @ 10mg/kg body weight, Meloxicam @ 0.2 mg/kg bodyweight daily for 5 days with intravenous administration of Metronidazole @ 20 mg/kg bodyweight daily for 3 days besides daily dressing of wound with povidone iodine solution. Skin sutures were removed on 11th day (Fig: 3) and the doe recovered without any complications.

Abdul-Rahman *et al.*, 1999 [1] mentioned that the deviation of fetal head and neck represents the maximum percentage of dystocia in goats which was correlating with the present case. The primary safe techniques to relieve dystocia were correction and traction of the fetus followed by fetotomy (Hussain and Zaid, 2010) [3] and caesarean section (Taha *et al.*, 2005) [6]. Majeed *et al.*, 1992 opined that caesarean section is the most successful treatment in dystocia of goats when compared with manual correction and hormonal treatment. In the present case adopted Caesarean Section as an emergency procedure after unsuccessful attempts of correction and traction in view of the prognosis for future fertility and to reduce uterine and vaginal manipulation.



Fig 1: Photograph showing the dead fetus.



Fig 2: Photograph showing the closure of uterine incision.



Fig 3: Photograph showing healing of skin incision (11th post operative day).

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