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B Balamurugan
Department of Veterinary
Gynaecology & Obstetrics,
Faculty of Veterinary & Animal
Sciences, Rajiv Gandhi South
Campus, BHU, Mirzapur, Uttar
Pradesh, India

YV Pridhvidhar Reddy
Department of Veterinary
Clinical Complex, College of
Veterinary Science, Proddatur,
Andhra Pradesh, India

K Jyothi
Department of Veterinary
Gynaecology & Obstetrics,
College of Veterinary Science,
Proddatur, Andhra Pradesh,
India

Corresponding Author:
B Balamurugan
Department of Veterinary
Gynaecology & Obstetrics,
Faculty of Veterinary & Animal
Sciences, Rajiv Gandhi South
Campus, BHU, Mirzapur, Uttar
Pradesh, India

Successful pervaginal delivery of schistosoma reflex foetal monster in a nondescript buffalo - A case report

B Balamurugan, YV Pridhvidhar Reddy and K Jyothi

Abstract

Schistosoma Reflex is a rare foetal monster that causes dystocia in buffalo. It was relieved successfully by mutational operation through per-vaginal and buffalo recovered uneventfully follow proper post operative therapy.

Keywords: Buffalo Dystocia Per-vaginal delivery Schistosoma Reflex

Introduction

Schistosomus reflexus is a rare fetal monster which commonly observed in cattle ^[1] less common in ewe, Doe and rare in buffalo ^[2]. It's a non-genetic or non-inherited congenital monster characterized by an acute dorsiflexion of the vertebral column resulting occiput of the head to lie near the sacrum, body and the chest wall bent lately exposing both abdomen and thoracic viscera. It is usually very difficult to deliver the Schistosomus reflexus through pervaginally. Most of the cases causes dystocia rarely had eutocia ^[1]. Generally reliving this monster required fetotomy and cesarean section. Only few reports are available on the occurrence cattle ^[4, 5] and buffaloes ^[1] in Indian. Present case communicated that successful per vaginal delivery of a rare case of Schistosoma reflex foetal monster in a nondescript buffalo.

Case history and clinical observations

A 4th parity non-descriptive buffalo was brought to department of veterinary clinical complex proddatur with the history of completed its full term gestation. The case was attended by a practicing filed veterinary doctor. Animal was dull and depressed and was in lateral recumbency. Animal had severe edematous vulva. Parts of the foetal intestines were hanging through the vulva. Pervaginal examination revealed fully dilated cervix and all the four limbs were palpable. The case was diagnosed as Schistosomus reflexus foetal monster.

Treatment and discussion

Epidural anaesthesia was achieved with 2% Lignocaine hydrochloride @ 1mL/100 kg b.w.t. Vaginal cavity was lubricated with 1% sodium carboxy methyl cellulose. Traction was applied on head followed by two limbs retropulsion of one limb inside the uterus. The foetal monster was relieved along with fetal membranes. Animal was treated with 3 Lit of RL slow IV, 2 Lit of 5% dextrose slow IV and inj enrofloxacin 5mg/kg b.w.t. I/M. Advised to repeat antibiotic therapy for 3 days. Buffalo had uneventful recovery.

Grass examination of the foetus revealed marked ventral curvature of the spine. The body and chest walls were stretched. Peritoneums over the viscera over the sternum were absent. Ventral abdominal area of the fetus was without the skin, incomplete and almost all the visceral organs were exposed out of the abdominal cavity. Rumen filled with fluid (Fig 1). The lunch was small and hepatomegaly was noticed (Fig 2). Similar findings were reported by Pandey *et al.* ^[7] and Sheetal *et al.* ^[8] in cattle and Kumar *et al.* ^[9] in buffalo. Schistosomus reflexus is a rare fetal monster more commonly reported in cattle but rarely reported in buffaloes that causes dystocia. Exact cause of this type of dystocia still unknown. However it is a heritable genetic defect and various report have suggested that Schistosomus reflexus occurs mainly due to transfer of autosomal recessive gene having incomplete penetrance to developing embryo ^[10]. The incidence is ranging from 0.01% to 1.3% of total bovine dystocia ^[10]. This type of cases can be managed either through mutational operations, fetotomy or caesarean section.

If fetotomy is not able to perform due to less space, a caesarean section is the only choice to deliver this kind of monster. Present case was reported a successful pervaginal delivery of Schistosoma Reflex foetal monster in a nondescript buffalo.



Fig 1: Schistosoma reflexus foetal monster

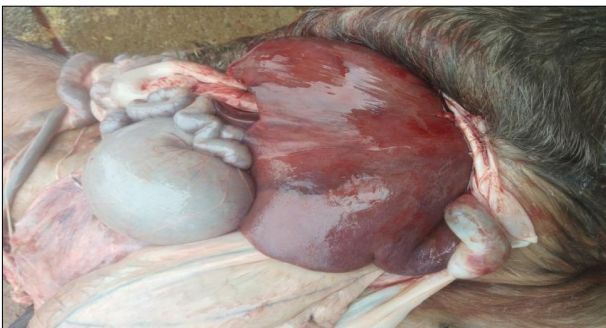


Fig 2: Exposed viscera of the foetal monster

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