



ISSN (E): 2277- 7695  
ISSN (P): 2349-8242  
NAAS Rating: 5.03  
TPI 2020; SP-9(8): 04-05  
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[www.thepharmajournal.com](http://www.thepharmajournal.com)  
Received: 06-06-2020  
Accepted: 08-07-2020

**Vidhya S**  
Veterinary Surgeon Tirupur  
District Co-operative Milk  
Producers Union Limited  
Veerapandi Pirivu, Tirupur,  
Tamil Nadu, India

## Dystocia due to *Schistosoma reflexus* in a crossbred cow- a case study

**Vidhya S**

**DOI:** <https://doi.org/10.22271/tpi.2020.v9.i8Sa.5017>

### Abstract

*Schistosoma reflexus* a rare and congenital defect seen mostly in ruminants which occurs as result in the failure of closure of the abdominal wall. This communication reports a case of *Schistosoma reflexus* in a crossbred cow.

**Keywords:** Bovine, dystocia, *schistosoma reflexus*

### 1. Introduction

*Schistosoma reflexus* is a rare type of fetal monstrosity and fatal congenital defect which occurs as result of the abnormal closure of the abdominal wall primarily seen in cattle and occasionally in sheep, goat and in other species (Roberts, 1971, Laughton *et al.*, 2005) <sup>[1, 3]</sup> The occurrence of scoliosis leads to abnormal fetal presentation which ultimately leads to dystocia. A pluriparus crossbred Holstein Friesian cow presented with the complaint of delayed parturition was diagnosed as a case of dystocia due to *schistosoma reflexus* and was subjected to cesarean section.

### 2. Case details

A six year old pluriparus crossbred Holstein Friesian full term pregnant cow was presented with difficulty in giving birth. Per vaginal examination showed the presence of both hind and for limbs presented together and intestinal loops in the uterine cavity. The case was tentatively diagnosed as dystocia due to *Schistosoma reflexus*.

### 3. Treatment

The fetus was failed to relieve by mutational operations and was decided to undergo cesarean operation. The surgical procedure was done under Xylazine Hydrochloride sedation at the rate of 0.1mg per kilogram bodyweight and regional anaesthesia was accomplished by inverted L block using 2% lignocaine. The animal was placed in right lateral recumbency and the surgical site was clipped, shaved and prepared for aseptic surgery. An Oblique incision was made in the left lower flank downward and forward. The incision was deepened by incising through the muscle layers and peritoneum to assess the abdominal cavity. The uterus was exteriorized and a knick incision was made in the uterus which was extended with scissors. The foetus was tracted out gently. The uterine opening was closed with catgut 1 in double layer inversion suture pattern, thereafter muscles and skin was apposed in routine manner. Polyglycolic acid 1 was used for opposing muscle layers and Nylon for skin. Post operatively the animal was placed in fluids, antibiotics and other supportive therapy for five days. The animal was reported to have recovered uneventfully.

### 4. Discussion

Foetal monster with herniation of abdominal viscera and skeletal defects is referred to as *Schistosomus reflexus* (Dennis and Mayer, 1965) <sup>[2]</sup>. The hypoplasia of the diaphragm was also noticed and so the organs of the thoracic cavity may also be seen along. The scoliosis that often develops following the occurrence of the defect will lead to the abnormal presentation (Laughton *et al.*, 2005) <sup>[3]</sup>. This monstrosity is common in cattle and buffaloes (Srivastava *et al.*, 1998) <sup>[6]</sup> and can be corrected either by obstetrical mutation, fetotomy or caesarean section. The highest prevalence of *Schistosomus reflexus* is believed to occur in cattle (Roberts, 1971)

**Corresponding Author:**  
**Vidhya S**  
Veterinary Surgeon Tirupur  
District Co-operative Milk  
Producers Union Limited  
Veerapandi Pirivu, Tirupur,  
Tamil Nadu, India

<sup>[4]</sup>. The incidence ranging from 0.01% (Sloss and Johnston, 1967) <sup>[5]</sup> to 1.3% of bovine dystocias have been reported. Literature consulted suggests delivery of *Schistosoma reflexus* through obstetrical mutation as well as through caesarean section (Azawi *et al.*, 2012) <sup>[1]</sup>.

## 5. Conclusion

Foetal monster with herniation of abdominal viscera and skeletal defects is referred to as *Schistosomus reflexus*. This monstrosity is common in cattle and buffaloes and can be corrected either by obstetrical mutation, fetotomy or caesarean section

## 6. Acknowledgement

The author would like to acknowledge Assistant General Manager, Tirupur District Co operative Milk Producers Union Limited, Tirupur, for providing the facilities for the successful completion of the work.

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