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Dystocia due to fetal ascites in boar graded goat: A case report

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Abstract

The case study on a rare case of Dystocia due to fetal ascites with anterior presentation was relieved as normal per-vaginal examination. Dystocia was observed in the Boar graded goat at organized farm of PGRIAS, Kattupakkam. The primiparous goat has restlessness, loss of appetite and also noticed a first stage of labour of pregnancy. The per-vaginal examination was conducted and observation revealed about the presence of dead, large size distended abdomen of fetus in the uterus. The successful per-vaginal delivery of the dead ascites fetus was done and the doe was recovered uneventfully.

Keywords: Ascites, boar up-graded, dystocia, primiparous

Introduction

Abnormal or difficulty in birth is called as dystocia. It occurs most commonly due to monsters and fetal anomalies. The various types of monsters and congenital abnormalities reported in farm animals includes conjoined twins, schistosomus reflexus, perosomus elumis, hydrocephalus, fetal anasarca, fetal ascites and chondroplastic monsters (Arthur *et al.*, 1996)^[1]. Fetal ascites refers to accumulation of free fluid in the fetal abdomen. It may be caused either by the overproduction or insufficient drainage of peritoneal fluid (Sheetal *et al.*, 2017)^[6]. In the present clinical case, dystocia due to fetal ascites in a primiparous goat has been described.

Case history and diagnosis

A two year, full term primiparous Boar graded doe was observed with dystocia at Sheep and Goat Breeding Unit, Post Graduate Research Institute in Animal Sciences (PGRIAS), Kattupakkam, Chengalpattu district with the complaint of restlessness, reddish vaginal discharge and frequent straining for six hours. On clinical examination, the doe's vulva was swollen and rectal temperature was 39.5⁰ C. Per-vaginal examination revealed that the head of the fetus noticed in cervical region and large size distended abdomen fetus with anterior presentation was noticed in the uterus. The absence of fetal movements showed that the fetus was dead. It was diagnosed as dystocia due to fetal ascites.

Treatment

The doe was administered 2 ml of dexamethasone intra-muscularly (I/M) and waited for half an hour for the cervix to dilate. The birth canal was lubricated with liquid paraffin and an attempt was made to relieve the fetus by simple traction. The head and forelimbs of the fetus were relieved from uterus. After proper lubrication of the fetus with forceful traction, the whole ascites female fetus (Fig. 1) was delivered successfully. Immediately, one uromet bolus (Neosperk preparation) was inserted into the doe's uterus. The uromet bolus has combination of broad spectrum antibacterial Nitrofurazone@60 mg and proteolytic agent Urea@6 gm. The doe was treated with streptopenicillin@500mg I/M, Melonex@0.5 mg/b.wt I/M, Chlorepheniramine Maleate@2.5ml (I/M) for subsequent 3 days and DNS (Dextrose Sodium Chloride)@200 ml intravenous (I/V) at first day only.



Fig 1: Ascites foetus in goat



Fig 2: Recovered Boar graded goat

Discussion

The doe was uneventfully recovered (Fig. 2) after three days of treatment. The obstruction of the lymphatic channels may prevent the disposal of peritoneal fluid and lead to fetal ascites (Sloss and Dufty, 1986) [8]. Arthur *et al.* (1986) reported that ascites may be due to hepatic lesions, general venous congestion or urinary obstruction with or without rupture of bladder. Prakash *et al.* (2017) [5] reported the fetal ascites with brachynathism condition in the posterior presentation in a non-descript doe. Prabakaran *et al.* (2016) [4], Sheetal *et al.* (2017) [6], Bhardwaj *et al.* (2019) [2] and Singh *et al.* (2020) [7] reported similar case in different animals for ascites alone or co-accompany with other fetal abnormalities. Laiju *et al.* (2012) [3] depicted that the antenatal diagnosis of most of the commonly occurring fetal complications of gestation is partly possible with ultrasonography and such pregnancies should be carefully monitored or terminated. In the present case, ascites fetus diagnosed by per-vaginal examination and the dead fetus successfully removed by traction.

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