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Case Report

Non-surgical management of fetal monster in a Marathwadi buffalo

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Abstract

Eight year old buffalo was presented to the Obstetrical ward, Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir with a history of anorexia. Gynaeco-clinical examination revealed that the uterus is extremely bulged with poor palpation of fetus. After the next 24 hours, the ascitic fetus was removed by partial fetotomy with evisceration. Animal showed uneventful recovery after the treatment.

Keywords: Evisceration, fetal dropsy, fetotomy, Marathwadi buffalo

Introduction

Fetal ascites is the accumulation of excess fluid in the abdominal cavity of the fetus which is caused by either excess production or insufficient drainage of the peritoneal fluid, blockage of lymphatics, hepatic lesions to the fetus or general venous congestion, reduced urinary excretion or renal insufficiency or cystic condition of kidneys (Sloss and Duffy, 1980) [6]. It may be associated with both infectious and non-infectious fetal pathology (Youngquist *et al.*, 2006) [7]. Fetal ascites causes the dystocia due to feto-maternal disproportion. Fetal ascites is rare in buffaloes as compared with cows. Fetal ascites occurs due to mesotheliomas of the foetal abdomen and brucellosis (Roberts *et al.*, 1971) [4]. Honparkhe *et al.*, (2003) [1] reported that the accumulation of fluid in the intestine along the peritoneal cavity in case of fetal ascites in cow. Placental dysfunction due to incompatibility of the dam and fetus also causes the condition of fetal ascites (Noakes *et al.*, 2018) [2]. The present case report highlights the management of fetal ascites in a Marathwadi buffalo.

Case History and Observation

Eight months pregnant Marathwadi buffalo in her third parity with the history of anorexia was admitted to Obstetrical Ward, Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir. According to anamnesis, the animal was slightly bloated since 10 to 15 days and it was straining in lateral recumbency since last 12 hours. Clinically the animal has bilaterally distended abdomen. The conjunctival mucous membranes were congested and the rectal temperature was 103°F with mild tachycardia. Gynaeco-clinical examination revealed that the uterus of buffalo was highly distended, tense and fetal parts fairly palpable. The fremitus was not felt but bulged middle uterine artery. Per vaginal examination revealed the closed cervix. Tentatively diagnosis was as dystocia may due fetal abnormalities.

Treatment and Discussion

After thoroughly examination of the animal, the case was treated with Inj. Ringers lactate solution @ 2 lit., Inj. DNS @ 2 lit., Inj. Vit. B. Complex @ 10 ml intravenously, Inj. Meloxicam @ 0.5 mg/kg b. wt, Inj. CPM @ 0.2 mg/kg b. wt, Inj. Ceftriaxone and Tazobactam @ 15 mg/kg b. wt. intramuscularly, Inj. Vit. E and Selenium @ 5 ml, Inj. Mifex @ 250 ml subcutaneously, Bol. Bovirum @ 2 boli BID and Bol. Ecotas @ 2 boli BID orally.

Treatment was advised based on the tentative diagnosis. Furthermore, after 24 hours of treatment, vaginal discharge was voided through birth canal. The cervix was confirmed its opening by per vaginal examination. Fetal legs were also felt in the birth canal. After thorough vaginal examination, it was decided to remove the fetus. The complete fetus was palpated and confirmed posterior longitudinal presentation, lumbo-sacral position and both the hind limbs were completely extended in birth canal. Fetal abdomen was filled with huge amount of fluid on its ventral side, therefore the case was confirmed as fetal ascites.

As cervix was opened after 24 hours, allantoic membrane was ruptured and the fluid was removed. The long obstetrical hook, protected inside the palm was inserted into the gravid uterus to pierce the abdominal cavity of the ascetic fetus (fig.2). Immediately after abdominal rupture the large quantity of amber coloured fluid came out (fig.3). The pressure was applied on the abdomen of the fetus to remove the fluid. There was marvellous reduction in fetal size after removing the fetal abdominal fluid. The legs of the ascetic fetus were tied with cotton rope and traction applied to deliver the fetus (fig.4). An ascetic fetus with no visible hair growth was delivered (fig.5). Fetal membranes were expelled out immediately after delivery of the fetus (fig. 6). The animal was treated with Inj. 5% Dextrose @ 2 lit., Ringers lactate solution @ 1lit., and Dexamethasone @ 10 ml intravenously, Inj. CPM @ 10 ml, Flunixin Meglumine @ 1.1 mg/kg b. wt., and Ceftriaxone and Tazobactam @ 15 mg/kg b. wt. intramuscularly, Inj. Vit. E and Selenium @ 5 ml, Inj. Mifex @ 250 ml subcutaneously, Bol. Bovinum @ 2 boli BID and Bol. Ecotas @ 2 boli BID orally, and uterine cleanser boli were placed intrauterine. Also the oral uterine tonics and mineral mixture were advised. The treatment was continued for five days. The animal showed uneventful recovery after treatment.

The incidence of fetal ascites in buffaloes is rare. Dystocia due to fetal ascites can be relieved by puncturing the fetal abdomen which facilitates the vaginal delivery of the fetus due to reduction in abdominal diameter of the fetus. Siphoning of the peritoneal Fluid can be done to reduce the abdominal size (Prasad *et al.*, 2012) [3].

Dystocia due to fetal ascites can be successfully managed by removing peritoneal fluid (Singh *et al.*, 2018) [5]. Present case describes the management of dropsy of the fetus or fetal ascites in which the fetal fluid is removed by taking incision on the fetal abdomen with the help of long obstetrical hook which is easily available under field condition and facilitates the non surgical per vaginal delivery of the fetus.



Fig 1: Per vaginal examination



Fig 2: Application of long obstetrical hook



Fig 3: Fluid removed from Allantoic



Fig 4: Fetal hind legs tied with cotton rope



Fig 5: Ascetic fetus with abdominal incision



Fig 6: Placental membranes

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