

DYSTOCIA DUE TO BILATERAL HOCK FLEXION IN A JENNY (*EQUUS ASINUS*)

V. SACHAN¹, B. KUMAR^{2*}, A. SAXENA³ AND M.K. CHAUDHARY⁴

Department of Veterinary Obstetrics and Gynaecology, Pt. Deen Dayal Upadhyaya Pashu-chikitsa Vigyan Vishwavidyalaya Evam Go-Anusandhan Sansthan, Mathura - 281001

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ABSTRACT

A case of fetal dystocia due to bilateral hock flexion in a jenny and the successful *per-vaginum* delivery of fetus is reported through partial fetotomy using double barrel Thygesen fetotome.

Key words: Dystocia, Fetotomy, Hock flexion, Jenny

INTRODUCTION

The process of foaling in equines is a rapid (30 minutes) and violent process with very low incidence of dystocia (Bhoi *et al.*, 2010). Nevertheless, the majority of dystocia cases were of fetal origin with postural disposition being very common due to long foal extremities (Arthur *et al.*, 1989). The present case report places on record the successful management of dystocia due to bilateral hock flexion in jenny through percutaneous fetotomy.

CASE HISTORY AND OBSERVATIONS

A four-year-old primiparous jenny had the history of unsuccessful labor since 24 h and the water bags had ruptured 18 h earlier. The case was handled by a local practitioner but failed to relieve the dystocia. The animal was dull, depressed and lying down with labored breathing and intermittent straining. The per vaginal examination revealed fully dilated and dry birth canal with variable degree of inflammation. Fetal tail was coming out from the vulva (Fig. 1), The fetus, which was not emphysemated, was diagnosed in posterior presentation with bilateral hock flexion and fetal tail presented out of vulva (Fig. 1).

TREATMENT AND DISCUSSION

The birth canal was thoroughly lubricated with liquid paraffin, however, the attempts made to correct the hock flexion were unsuccessful. Hence, both the hind limbs were disarticulated at the level of hock using a double barrel Thygesen fetotome. After thorough lubrication of breech area of fetus and birth canal, initially one-point traction followed by simultaneous two points traction was applied just above the hock to ensure that both the stifle joints enter the pelvic cavity (Fig. 2). While applying traction, the precaution was taken to protect birth canal from being damaged by amputated stumps and a dead male fetus was extracted out. The jenny was administered with routine antibiotics and supportive therapy for four days along with local dressing of vaginal laceration. The animal recovered uneventfully as informed by owner.

Equine dystocia is a true emergency and threatens the survival of dam and fetus both (Freeman *et al.*, 1999). Long extremities of foal tend to predispose a Jenny to dystocia (Chauhan *et al.*, 2013), whereas, dystocia due to malformations like schistosomus reflexus and ankylosis of joints is also reported (Dubbin *et al.*, 1990). In the present case, partial fetotomy using double barrel Thygesen fetotome proved beneficial to deliver the malpostured foal *per-vaginum*.

¹Assistant Professor, ³Professor, ⁴M.V.Sc Scholar; ²Scientist, Animal Reproduction, ICAR-RC for NEH Region Sikkim Centre, Tadong – 737 102; *drbrijshvet02@gmail.com



Fig. 1: Fetal tail presented at vulva



Fig. 2: Two-point traction on amputated hind limb

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