MANAGEMENT OF DYSTOCIA DUE TO MACERATED FETUS IN A MARE

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ABSTRACT

The present case report puts on record successful management of a mare suffering from dystocia due to initial stages of maceration of fetus. A full-term pregnant seven-year-old mare was presented with the history of vaginal discharges followed by mild straining without any progress. The vaginal examination revealed a fully dilated cervix with the presence of a fetus with carpal flexion. The flexion was corrected and fetus was retracted successfully. The mare was administered fluid, analgesic and antibiotic parentally apart from intra-uterine drug treatment and the mare has resumed normal health.

Keywords: Carpal flexion, Dystocia, Fetus, Maceration, Mare

INTRODUCTION

Any fetal disposition other than anterior presentation, dorsal position and normal posture is likely to result in dystocia (Sane *et al*., 1994). The gestation period in the mare is 340 days, but foals with delayed development may be born normally up to 385 days and some mares may foal prior to 315 days (Davis Morel *et al*., 2002). Foaling in the mare is a violent and short process with the birth of foal completing within 30-70 minutes following the rupture of chorioallantoic membrane. Occurrence of dystocia in mares is comparatively less common but due foals having long neck and legs may assume many postures, which could cause problem during foaling (Narale *et al*., 2007).

CASE HISTORY AND OBSERVATIONS

A seven-year-old Marwari mare was presented with prior history of vaginal discharges 7 days prior to presentation at the clinic and general treatment given by local veterinarian. The mare was at 335 days of gestation and was intermittently straining, showing standing and sitting postures. There was discharge of blood tinged fluid from the vagina. The rectal temperature was 101.3°F, pulse rate 42 beats/min and respiration rate was 32 breaths/min. Mucous membrane was pink in color and hydration status was normal. On rectal examination, fetus was in anterior position and forelimbs were flexed from carpal joint and the neck was deviated laterally. Fetal membranes were putrefied and maceration of fetus had initiated.

TREATMENT AND DISCUSSION

The mare was placed in a dust free quiet area. Animal was kept in standing position with epidural anesthesia (8 ml 2% lidocaine) and general anaesthesia (10 ml Xylazine IV). The perineal area was washed with non-irritant antiseptic solution and 250 ml of liquid paraffin was pumped into the uterus with a sterile flexible plastic tube. The carpal flexion of both limb was corrected by mutation and ropes were applied at fetlock joint. A repulsion was attempted at shoulder joint to facilitate an approach to neck, which was corrected manually. Again, the lubrication was done with liquid paraffin, thereafter fetus was removed just by traction applied through rope snares. Uterine lavage with look warm normal saline and 2% betadine was performed, and 25 IU oxytocin in normal saline was also administered. Antibiotic therapy, anti-inflammatory drugs and fluid therapy was appropriately administered for 5 days.

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Fig. 1: Macerated Foal

The malposture of long fetal extremities is major cause of dystocia in mare although positional and presentational abnormalities occur to a lesser degree. In the present case, the cause of dystocia was fetal postural abnormality (flexion of carpal joint). Classically, the methods of dystocia correction were divided into assisted vaginal delivery, controlled vaginal delivery, fetotomy and caesarean section (Embertson *et al.*, 1995). In assisted vaginal delivery, the mare is aware and assisted to a small or large degree for vaginal delivery of an intact foal within 10-15 minutes (Embertson *et al*., 1995), Controlled vaginal delivery employs general anesthesia, if the foal cannot be delivered within 15 minutes a fetotomy (if the foal is dead) or caesarean section (if foal is live) was performed. In the present case, the forelimbs of fetus were flexed from carpal joint and neck was deviated laterally, therefore, normal and assisted delivery was not possible. Due to severe straining shown by mare during handling, the controlled vaginal delivery under general anesthesia with xylazine was performed.

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