

## SUCCESSFUL MANAGEMENT OF UTERINE TORSION IN AN OSMANABADI GOAT

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### ABSTRACT

A five year old Osmanabadi goat was presented to the Obstetrical Ward, Teaching Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir with the history of completion of gestational period. Animal was restless, dull, depressed with intermittent kidding signs. On per vaginal examination birth canal was dry and stenotic with a strong twist towards left side. The condition was diagnosed as left side post cervical uterine torsion (more than 180°). Detortion was performed by modified Schaffer's method by using a hard wooden cart board with moderate palm pressure. Following correction, one dead male foetus was removed and the animal had an uneventful recovery. The present case report suggests that modified Schaffer's method can be successfully performed for management of uterine torsion in a Osmanabadi goat.

**Keywords:** Dystocia, Uterine torsion, Goat

### INTRODUCTION

Torsion of uterus is defined as the twisting of uterus on its long axis (Sane et al., 1982) and usually reported in most domestic animals as a cause of dystocia in dairy cows and buffaloes (Purohit et al., 2011), beef cows, bitches, queens, ewes, does and mares, but rarely in sows (Aubry, 2008). It is generally assumed that the frequency of uterine torsion in the ewe and doe is very low due to the frequent bicornual pregnancy in goats (Arthur et al., 2001). In most cases uterine torsion occurs during the early part of the second stage of labour or during the later part of first stage of labour. The present case report describes successful management of uterine torsion in an Osmanabadi Goat by modified Schaeffer's method followed by successful vaginal delivery.

### CASE HISTORY AND OBSERVATION

A five year old Osmanabadi goat was presented to the Obstetrical Ward, Teaching Veterinary Clinical Complex, College of Veterinary and Animal Sciences, Udgir with the history of completion of gestational period (162 days). The animal was dull, depressed, anorectic, arched back with intermittent straining efforts for eight hours. Udder was engorged and teats were filled with colostrum, sacrosciatic ligaments were sunken and vulval lips were stretched inside to genital passage and no progress in kidding was observed. Per vaginal examination revealed dry, stenosis of genital passage, cervix was not able to feel and vagina was twisted in anticlockwise direction indicating left sided post cervical uterine torsion (>180°).

### TREATMENT AND DISCUSSION

As the case was reported freshly, it was decided to roll the goat in same direction of the torsion by modified Schaffer's method. Goat was restrained in left lateral recumbency and a hard wooden cart board was placed over flank region to fix the foetus(es). Hard wooden cart board was kept by applying moderate palm pressure and animal was rolled twice in the same direction. Immediately after rolling, cervical discharge was voided through the birth canal. Obstetrical procedure and detortion method by modified Schaffer's method of present case was closely agreed with Balasubramanian et al. (2013) and Sharma et al. (2018) who have reported that it is one of the most reliable methods for correction of uterine torsion in small ruminants. Per vaginal examination revealed completely relaxed cervix, right deviation of foetal head with flexion of unilateral left forelimb. A dead male fetus was removed by correcting the mal presentation of the fetus (Fig1 and 2). Placenta was completely expelled within half an hour of treatment. The goat was treated with Inj. Meloxicam @ 0.2mg/kg body wt., Inj. Amoxicillin-Cloxacin @ 15 mg/kg body wt., Inj. Chlorpheniramine maleate @ 3 ml and Inj. Methergen @ 2 ml intramuscularly, herbal ecobolic uterine cleanser was observed for three days. After normal expulsion of placenta two intra uterine boluses were kept. An uneventful recovery was noticed after treatment. It may be concluded that modified Schaffer's method can be used as a treatment for the management of recent cases of uterine torsion in goat.

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Fig 1. Method of detortion of uterine torsion