

## DYSTOCIA DUE TO LATERAL DEVIATION OF HEAD AND NECK IN A PRIMIPAROUS MURRAH BUFFALO

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ABSTRACT

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Successful caesarean delivery of foetus in dystocia due to lateral deviation of the head and neck in a primiparous Murrah buffalo has been reported.

**Keywords:** Dystocia, Caesarean operation, Murrah buffalo

### INTRODUCTION

Lateral deviation of the head is seen most often in primiparous animal and the prognosis is serious when the fetus is dead and the deviations are due to muscle contractures (Sane *et al.*, 1994). A case of dystocia due to lateral deviation of the head and neck of fetus in a primiparous Murrah buffalo and its successful delivery through caesarean operation is discussed..

### CASE HISTORY AND OBSERVATIONS

A six years old primiparous buffalo weighing about 500 kg was presented to Referral Veterinary Hospital cum Clinical Complex, Faculty of Veterinary Sciences and Animal Husbandry, Jammu. The buffalo was straining continuously with heavily inflamed, swollen vulva and vagina and bloody vaginal discharge. The

previous delivery was normal without any complications. The animal was having labour pain since last 16 hours and was attended by a practicing veterinarian. On general examination, the animal appeared dull and inactive with rectal temperature 97.7°F and had increased pulse rate. Vaginal examination revealed a dead fetus in anterior presentation with dorso-sacral position and a bent neck. Both the fore limbs of the fetus were amputated at the level of the carpal joints and edges of bones were easily palpated which were cut through sharp instrument by the veterinarian as reported by owner. Enlarged and oedematous caruncles were also palpated in the uterus and unable to reach the head. Traction of the amputated carpal joints revealed a severely deviated head and neck in the left lateral side.

### TREATMENT AND DISCUSSION

In the present case, all efforts to relieve the dystocia by mutation and forced extraction with adequate lubrication of birth passage with liquid paraffin was unsuccessful to deliver the fetus and hence it was opted for delivery by caesarean operation. The operation was performed by ventral paramedian approach under xylazine sedation and local analgesia as per Roberts (1971). A 20 c.m long incision was made on lower left lateral oblique flank and a dead male fetus was delivered through the uterine incision. The incision of uterus was closed with Cushing followed by Lembert sutures using No.2 chromic catgut. The laparotomy incision was

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closed as per the slandered technique. Das *et al.* (2009) reported a similar case of dystocia in a buffalo due to fetal maldisposition and its successful management after caesarean operation. Srinivas *et al.* (2007) reported in a study that 40.84 percent of dystocia in graded Murrah buffalo was due to fetal cause, among which head deviations were of 42.22 percent. Normal saline (4000 ml) and Dextrose (5000 ml) by IV route was administered during and after caesarean operation. The post operative care consisted of Inj. Enrofloxacin (20 ml IM x 5 days), Inj. Meloxicam (15 ml IM x 3 days), Inj. Dexamethasone (10 ml, IM x 1 day), Calcium borogluconate (450 ml, IV) and Furea bolus (4 boli I/U for 3 days) and daily antiseptic dressing with Povidone iodine ointment. Sutures were removed on 10<sup>th</sup> postoperative day. The buffalo had an uneventful recovery without any post-operative complications.

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