

DYSTOCIA DUE TO STENOSIS OF VULVA IN HEIFER AND ITS SUCCESSFUL MANAGEMENT THROUGH EPISIOTOMY

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ABSTRACT

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A case of dystocia due to stenosis of vulva and its successful management through episiotomy is reported.

Key Words: Episiotomy, Dystocia, Vulvar Stenosis

INTRODUCTION

The maternal causes of dystocia are considered to be arising either because of the constriction/obstruction of the birth canal or due to a deficiency of the maternal expulsive force (Noakes *et al.*, 2001; Srinivas *et al.*, 2007). Dystocia due to stenosis or constriction of the vulva and vestibule is occasionally seen in the heifer or mare and less commonly in the other animals. It is usually observed in heifers with genital hypoplasia due to improper growth of the heifer because of chronic disease or poor nutrition. Dystocia due to small vulva may be observed some times in heifers that abort or calves prematurely before the vulva is properly relaxed (Roberts, 1971). The present case report puts on a record a case of dystocia due to stenosis of vulva and its successful management through episiotomy.

CASE HISTORY AND OBSERVATION

A seven and half year old heifer was presented to TVCC DUVASU, Mathura with a history of unsuccessful straining since 24 hr. Animal was alert and active, taking feed and water normally. On physical examination it revealed that animal has stunted growth with narrow pelvis i.e. pin to pin

bone 6" and distance between two tuber coxae 13". Gynaeco-clinical examination reveals that a very small vulval opening i.e. 2" and allow only two fingers to pass. Intact water bag appeared at opening (Fig 1). Keeping above points in mind it was decided to go for episiotomy to relieve the dystocia.

TREATMENT AND DISCUSSION

Operative site was prepared and animal was given caudal epidural anesthesia (7ml. 2% Lignocaine HCL). After that animal was restrained in right lateral recumbancy and an incision of 5" at 11 o'clock on left dorso-lateral side of vulva was made under standard surgical procedure. The hand was introduced through incision and both extended fore limb and head was lying on pelvic floor. Through obstetrical chain, three point traction was applied on both fore limb and head and a dead male calf weighing 14.820 kg. was removed. The vaginal mucosa was closed through simple continuous suture using vicryl, muscles were sutured through simple continuous with locking and skin was sutured using nylon through cross-mattress fashion. Dam recovered uneventfully and suture was removed after 14th day of post operative. The composite periphery of fore head including both fore limbs was 1' and 20", shoulder 19" and hip 24". Congenital stenosis of the vagina (Jackson, 1995) and dystocia due to an infantile vulva has been

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recorded in a Jersey heifer (George *et al.*, 1997). Some time presence of variable degree of hymen in birth canal may also lead to dystocia; in such situation hymenal membrane may torn off by gentle digital manipulation; if it is too hard, incision required. But in the present case vulval opening was too narrow i.e 2" which did not allowing the water bag to come out. But seeing the nutritional status of the heifer and available perineum area, it was decided to go for episiotomy rather than cesarean section to relieve the dystocia.

It is very much clear that episiotomy is much better than cesarean section in terms of risk, future fertility of dam and economy of the farmers, provided decision should be taken after thorough evaluation of case. Retrospective analysis of the case indicate that it may be a case of genital hypoplasia mainly due to poor nutrition or animal suffered with chronic disease as it was also evident that heifer conceived too late in her life i.e seven year and overall stunted growth.

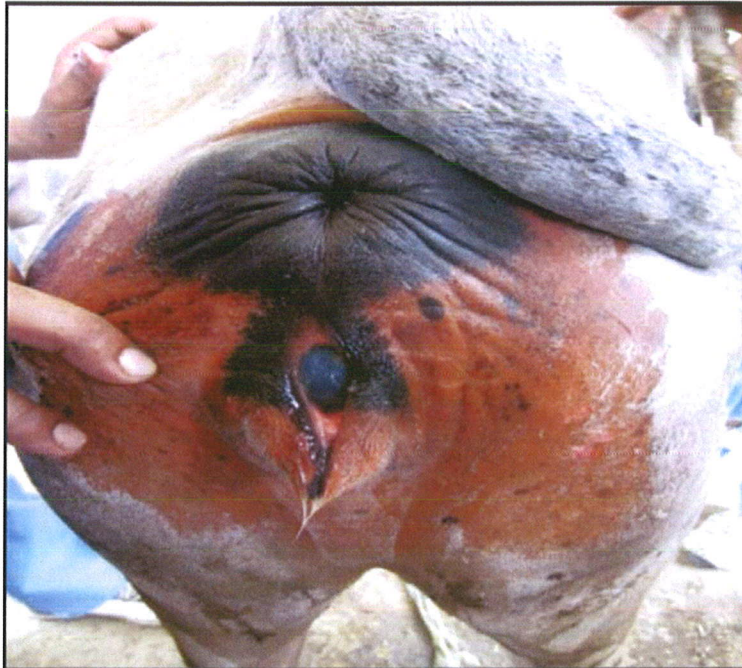


Fig. 1 Water bag appeared at vulval opening

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