

DYSTOCIA DUE TO UNILATERAL SHOULDER FLEXION AND ITS COMPLICATION IN CROSSBRED COW

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ABSTRACT

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A case of dystocia due to unilateral shoulder flexion in a crossbred cow was resolved with fetotomy and mutation.

Key words: Dystocia, Unilateral shoulder flexion.

INTRODUCTION

The fetal causes of dystocia are more numerous of which the commonest are postural defects of head and forelimbs in ruminants (Arthur *et. al.*, 1996). The observed incidence of unilateral carpal or shoulder flexion was 11.4% of 3,873 beef cattle calving (Holland *et. al.*, 1993).

CASE HISTORY AND OBSERVATIONS

A Four year old, full term pregnant, Jersey cross bred cow of her second lactation was attended at Pamol centre of Dudhsagar dairy, Mehsana. The history revealed that the cow was in labour since last day. The first water bag was ruptured before 3 hrs and progress of head and one limb was noticed at vulvar orifice. The owner has attempted the futile efforts to deliver the fetus by application of traction at head and one extended limb. The animal was in standing position and clinical examination revealed that the dead fetus was present at vulvar opening in anterior longitudinal presentation, lumbo-sacral position with the head and right forelimb protrude out of the vulva. The per-vaginal examination revealed the shoulder flexion of left forelimb.

TREATMENT AND DISCUSSION

Epidural anaesthesia was induced with 5ml of 2% lignocain hydrochloride and attempt was made for the correction of shoulder flexion by mutation. However, the repulsion was not possible due to the protruded head. Decapitation was performed using a

sharp-knife and extended limb and neck were repelled after proper lubrication of birth canal with liquid paraffin. The flexion of left shoulder was corrected by adjustment and extension of extremities of flexed limb. The calving rope was applied at the pastern joints of both forelimbs. Traction of two men was applied and male fetus was delivered. Four bolus of Oxytetracycline Hydrochloride (Pfizer India, Mumbai) were placed intrauterine. Post delivery the cow was therapeutically treated with Inj. Oxytetracycline Hydrochloride (40ml X3 days, Intramuscular, Pfizer India, Mumbai) and Inj. Melonex (20 ml × 3 days, Intramuscular, Intas Pharma), Injection Anistamin (10 ml × 3 days, Intramuscular, Intas Pharma). The fluid therapy of Inj. DNS- 3 lit. I/v and Inj. RL-2 lit I/v was administered on the day of delivery. The placenta was removed manually after 12 hrs. as the natural expulsion of placenta could not occurred. The animal recovered fully after three day.

Robert, (1971) stated that in cows with one forelimb extended or retained along the body, forced extraction should not be attempted. Forced traction for relieving dystocia is possible only when one limb is retained and the size of fetus is smaller as compared to pelvic area. In the present case, the fetus was large in size which might have resulted in severe flexion of shoulder due to the traction applied by owner. In the present case, the decapitation was performed to facilitate the repulsion of fetus for the availability of room to correct the flexed shoulder which was successful.

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