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# Management of Dystocia Due to Breech Presentation in a Non-Descript Cow

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## ABSTRACT

A case of dystocia due to breech presentation in non-descript cattle was presented to Veterinary Gynaecology and Obstetrics, IVRI, Izzatnagar with the anamnesis of complete gestation and ruptured water bag without progress further in calving. Per-vaginal examination of cow revealed fetal tail in birth canal and bilateral hip flexion (breech presentation). The dystocia was relieved by obstetrical mutations and the cow was administrated with parenteral antibiotics, anti-inflammatory drugs, multivitamin supplements, along with ecobolics.

**Key words:** Breech presentation, Dystocia, Cow.

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## INTRODUCTION

Dystocia is a reproductive problem when the first or second stage of labor is prolonged. Faulty fetal disposition has been frequently reported as a cause of dystocia (Noakes *et al.*, 2009). Mal-presentation of the fetus, conjoined fetuses, fetal displacement, over-size fetus, mummified fetus, fetal monstrosity, macerated fetus and fetal abnormalities like fetal ascites, hydrocephalus and anasarca have been associated with dystocia (Purohit *et al.*, 2006; Kumar *et al.*, 2011; Murali *et al.*, 2020; Yadav *et al.*, 2022). Among 7.5% of dystocia due to posterior presentation, the incidence of breech presentation, have been reported as 2.5% (Viswanath and Ranjith, 2018). Breech presentation is a common condi-

tion in which both hind legs are retained in the uterus and calf's tail is usually detected during a per-vaginal examination (Sachan *et al.*, 2014). Present study describes a case of dystocia due to breech presentation and its per-vaginal delivery via obstetrical mutations in non-descript cattle.

## CASE HISTORY AND OBSERVATIONS

A four years old non-descript cattle in its second parity at full term was brought to the Out Patient Department of Veterinary Gynaecology and Obstetrics, IVRI, Izzatnagar with history of abdominal discomfort and straining since 8

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hours. The water bag had ruptured 6 hours ago. The rectal temperature (102.4°F), and respiration rates (19 breathes/min). Per-vaginal examination revealed that the fetus was in posterior longitudinal presentation, dorso-sacral position with bilateral hip flexion.

## TREATMENT AND DISCUSSION

Before handling of dystocia, 5 mL of 2% lignocaine hydrochloride was administered as epidural anesthesia to reduce straining. The animal was examined per-vaginally with liquid paraffin as lubricant, revealed complete cervix dilatation. There was no fetal movement and other reflexes, suggestive of fetal death. The fetus was repelled forwards and upwards deep into the birth canal in order to reach the retained hind limbs. Then the left hoof was grasped with hand. The hoof was pulled medially and foot drawn back in an arc fashion. After that, the hoof was lifted over the pelvic brim and extended in the vaginal passage. The same process was carried out on the right hind limb. The pelvic region of fetus was completely lodged in birth canal and the fetus was eventually removed by traction.

The placenta was extracted from the birth canal immediately after delivery of fetus. After the fetus was successfully delivered, the animal was given injections of oxytocin 50 I.U. intramuscular, three liters of 5% DNS intravenously for three consecutive days, and 450 ml of calcium borogluconate (Calborol, Elanco, India) slow i.v. once. In addition to this, injection Enrofloxacin (Quintas - Intas, India) at the dose rate of 5 mg/kg body weight IM, Meloxicam (Melonex - Intas, India) at the rate of 0.3 mg/kg b. wt. IM and injection Pheniramine maleate (Avilinet - MSD animal health, India) at the rate of 1 mg/kg b. wt. IM once daily for three days and a uterine cleanser (Uterotone - Cattle remedies, India) 100 ml orally twice daily for 5 days were recommended.



**Fig. 1.** Fetus removed after mutation procedures

## CONCLUSIONS

The breech presentation was converted into bilateral hock flexion, then, correction of hock flexion followed by traction caused successful delivery in a non-descript cow.

## CONFLICT OF INTEREST

None

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