

A RARE CASE OF RED BAG DELIVERY IN A JENNY

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ABSTRACT

Red bag delivery, was found associated with a dystocia in an aborting jenny in eighth month of gestation. The present report puts on record successful management of this condition in a jenny.

Keywords: Dystocia, Jenny, Placenta, Pre-mature separation, Red-bag delivery

INTRODUCTION

Red bag delivery is a term used for premature separation of the placenta prior to or during a mare's foaling (Carluccio *et al.*, 2008) leading to appearance of red velvety bag at vulva. Sometimes, the placenta does not rupture and the foal is delivered while still enclosed in the membrane. This is seen in mares occasionally and considered as an emergency. The jenny being in the same family as mares, it has obvious similarities with mare placenta with some minor variations (Carluccio *et al.*, 2008). The literature, on these types of conditions in donkey is very scarce.

CASE HISTORY AND OBSERVATIONS

A six-year-old jenny in her 8th months of gestation was presented during the night hours with the complaint of showing non-progressive straining for 4-5 h and a red "velvety" sack hanging from vulva without any delivery of foal (Fig. 1). The size of the red bag was increasing and decreasing with every straining and relaxation by the jenny. Gynaeco-clinical examination revealed "velvety" sack as a part of chorio-allantois. Deep uterine palpation revealed the presence of a fetus within the bag with its both forelimbs flexed at shoulder joint and obstructed at pelvic brim. Hence, it was diagnosed as dystocia due to premature separation of placenta with bilateral shoulder flexion.

TREATMENT AND DISCUSSION

For its management, first the red bag was cleaned with warm mild antiseptic solution, then using a sterile BP blade the placenta was incised. The shoulder flexions were converted into carpal flexion followed by correction into complete extension and a dead male fetus was delivered with mild traction to both limbs. A injection of oxytocin (20 IU) was administered to expel the placenta and uterine contents. Thereafter, the supporting treatment with Ceftriaxone @ 5 mg/kg i.v, Meloxicam @ 0.5 mg/kg i.m., for 5 days was followed and the animal recovered without any complications.

Red bag is seen in mares occasionally and considered as an emergency. The chorion separates prior to rupture at the cervical pole. The membrane is presented as intact velvety red sac at the vulvar lips and is a common complication of induced parturition (Frazer, 2007). Normally, in mares chorioallantois ruptures within the genitalia and amnios appears as the first water bag at vulva. The normal chorioallantois is relatively thin and breaks easily during birth. However, the chorioallantois thickened from infection or inflammation cannot be ruptured by fetus. Hence, the chorioallantois appears at the vulva before amnios and results in red bag deliveries. The exposure of late pregnant mares to fescue grass can also result in a thickened placenta at foaling (Schmidt, 2009). The premature separation of chorioallantois causes deprivation of oxygen and nutrients to the fetus leading

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Figure 1: Red 'velvety' bag hanging out of vulva in jenny

to the death of fetus. Thus, a rapid manual rupture and assisted delivery is suggested to save the foal (Higgins and Wright, 1999). In the present case, fetus died due to incomplete gestation though the jenny was saved. Similar case in asinine female (*Equus asinus*) was reported, managed by cutting open the intact chorioallantois followed by manipulative per-vaginal delivery of live fetus (Torres *et al.*, 2016). In brief, a red bag delivery in a jenny with correct diagnosis and its management relieved the dystocia.

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