

EPISIOTOMY TO RELIEVE DYSTOCIA DUE TO INFANTILE VULVA IN A GOAT

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Received: 01.11.2017

Accepted: 03.11.2017

ABSTRACT

A full term pregnant two-year-old non-descript nulliparous she goat was presented with the history of unproductive straining since 6h. Gynaeco-clinical examination revealed the case of dystocia due to infantile vulva. Episiotomy operation was performed and a live male kid was removed per-vagium.

Keywords: Congenital, Dystocia, Episiotomy, Goat, Infantile vulva

INTRODUCTION

One of the maternal causes of dystocia comprises of constriction and obstruction of the birth canal followed by exhaustion of maternal expulsive forces (Srinivas *et al.*, 2007). Dystocia due to vulval hypoplasia is occasionally seen in heifers or mare and less commonly in other animals (Roberts, 1986). Dystocia due to infantile vulva or stenosis of vulva was reported in heifers (Kumar *et al.*, 2014 and Bhat *et al.*, 2012), however, perusal of literature regarding dystocia due to infantile vulva in goat was not traceable. Hence, the present case report puts on a record a rare case of dystocia due to infantile vulva in a goat.

CASE HISTORY AND OBSERVATIONS

A non- descript full term she goat (age 2 yr) was presented with the history of unsuccessful straining since 6h. The animal was taking feed normally and was active and alert with all vital parameters in normal range. Physical examination revealed that animal has stunted growth with narrow pelvis and infantile vulva. Vaginal examination revealed the vulval opening to be very small to the extent that only one finger can pass through. There was visibility of the fetus muzzle at

the vulval opening (Figure 1), indicating the complete dilatation of cervix. Based on clinical and gynaecological examination, the condition was diagnosed as dystocia due to infantile vulva and it was decided to relieve the dystocia by performing episiotomy.

TREATMENT AND DISCUSSION

The animal was suitably restrained in right lateral recumbancy after cleaning the perineum with weak solution of povidone iodine. Under local infiltration with 2% lignocaine HCl, an incision of 3" at 1 o'clock position on right dorso-lateral side of vulva was made with negligible bleeding to provide sufficient room for passage of fetus. Vaginal examination revealed a dead fetus in anterior longitudinal presentation, dorso-sacral position with bilateral shoulder flexion. Following adequate lubrication with liquid paraffin, bilateral shoulder flexion was corrected by mutational operation and a dead male kid was removed per-vaginally by applying mild traction. Fetal membranes were also removed manually along with the kid. Immediately after delivery, the episiotomy incision was sutured together with interrupted deep vertical mattress sutures of cotton thread keeping in view the suture material being passed through all the tissues of the wound except the vulval mucosa. The dam was administered with supportive therapy and intra-uterine

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Figure 1: Infantile vulva in a goat

medication for three days. The goat had an uneventful recovery when reported for suture removal 10 days later.

Vulvar stenosis or vulval hypoplasia is a developmental defect that may result in dystocia during first parturition due to inadequate space for the delivery of fetus (Dalal *et al.*, 2016). Infantile vulva was attributed to be of hereditary origin in heifers (Noakes *et al.*, 2001). In this defect of caudal reproductive tract, the animal is usually conceived, progresses through normal pregnancy but results in dystocia that can be

resolved by episiotomy or cesarean section (Roberts, 1986). The successful treatment of the present case through episiotomy is considered simple and better for future fertility of the dam. Congenital stenosis of vulva or infantile vulva resulting in dystocia and its successful management through episiotomy was reported in heifers (Kumar *et al.*, 2014 and Bhat *et al.*, 2012). but we could not find similar reports in goats.

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