

MANAGEMENT OF DYSTOCIA IN A COW HEIFER WITH CONGENITAL STENOSIS OF VULVA

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ABSTRACT

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A case of dystocia due to stenosis of vulva in a cow heifer and its management by episiotomy is reported.

Key words: Dystocia, Heifer, Congenital and Stenosed Vulva.

INTRODUCTION

Congenital causes of infertility are often inherited. They include developmental abnormalities of the ovary, oviduct, uterus, cervix, vagina and vulva. Some of these are lethal, a few have morphological while others have functional significance (Lagerlof, 1963). Stenosed/narrow vulva, developmental defect is an unusual case of obliteration of caudal portion of the vagina and may be the cause of dystocia. An abnormally small vulva has been described as a cause of dystocia in Friesian and Jersey heifers and has been attributed to be of hereditary origin (Hull et al., 1940 and Arthur et al., 2001).

CASE HISTORY AND OBSERVATION

A cow heifer with incomplete gestation was presented to Veterinary Clinics, GADVASU, Ludhiana. The animal was straining for the last 5-6 hours. According to the owner, animal was artificially inseminated and was in 8th month of pregnancy. Per-vaginum examination revealed difficulty in passing the hand in the birth canal because of fusion of vulvar lips at the dorsal commissure (Fig.). Rectal examination revealed presence of foetus in the pelvic cavity. Animal was recumbant otherwise apparently healthy with normal feed and water intake.

TREATMENT AND DISCUSSION

After cleaning the perinium with weak solution of povidone iodine, infiltration of local analgesia (6 ml of 2% lignocaine) was administered at the epidural site.

The membranous band at the level of dorsal commissure was incised extending upward with negligible bleeding to provide sufficient room for passage of foetus. Per-vaginum examination revealed presence of immature foetus in the birth canal, which was delivered by applying mild traction. Foetal membranes could not be removed manually as the gestation was incomplete. The animal was discharged on the same day with routine prescription of antibiotics, intra-uterine medications and supportive therapy.

Diseases of caudal reproductive tract are rare. Vulvar and vaginal stenosis may occur independently or simultaneously (Sapertein et al., 1976). As per the history, artificial insemination of the animal could have led to pregnancy and the stenosis of vulva might have gone unnoticed at the time of insemination. Eventually, failure in the delivery of the fetus could be attributed to some stenosis/narrowing of vulva.

In conclusion, cases with stenosed/narrow vulva may have normal pregnancy but may lead to dystocia at the time of parturition which could be corrected by episiotomy. Hence such cases of vulvar stenosis can have successful pregnancy on artificial insemination and subsequent delivery of foetus could be achieved by episiotomy.

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Fig.: Depicts the small opening of the vulva in the present case