

DYSTOCIA DUE TO BREECH PRESENTATION OF AN OVERSIZED FETUS IN A BITCH - A CASE REPORT

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ABSTRACT

A case of an obstructive fetal dystocia due to breech presentation of an oversized fetus followed by inertia of exhaustion (secondary uterine inertia) and its successful clinical management is discussed.

Key Words : Bitch, Dystocia, Breech Presentation, Secondary uterine inertia.

INTRODUCTION

The incidence of dystocia in the bitch is 24.70% (Jackson, 2004). Fetal oversize itself is a cause of malpresentation leading to dystocia where fetal death may result due to malpositioning or inadequate stimulation for parturition to begin. In the absence of monstrosities, oversized fetuses are often associated with small litter size. Breech presentation can be a serious complication especially in medium and small bitches (Linde-Forsberg and Eneroth, 1998). In multipara prolonged dystocia when relieved by removing the fetus causing dystocia, secondary uterine inertia occurs as a result of dystocia, consequently leading to failure of expulsion of rest of the fetuses. This type of inertia can be prevented by correcting the dystocia early (Roberts, 1971).

CASE HISTORY AND OBSERVATION

A Pomeranian primiparous bitch aging one and half year was presented in clinics for the treatment of dystocia. Anamnesis revealed that animal was accidentally bred with a stray dog two months back. Since the last evening animal had exhibited signs of discomfort, inappetence and panting followed by delivery of a dead fetus in the night. Subsequently the bitch displayed futile expulsive efforts to expell remainder of litter which subsided later. Per-vaginal digital exploration following lubrication of birth canal revealed an impacted fetus in posterior longitudinal presentation, dorso-sacral position

along with both the hind limbs retained into the uterus below the fetal body with bilateral hip flexion. Tail of the fetus was palpable. The palpation features indicated a case of obstructive dystocia due to breech presentation.

TREATMENT AND DISCUSSION

Forceps delivery was attempted utilizing traction forces but failed due to little space availability and severe fetal maldisposition. It was then considered to go for mutation using the digital manipulative efforts. Fetal hind limbs were approached per vaginally and were extended fully into birth canal by hooking around using fingers to draw them upward and backwards.

During the manipulation the fetus was kept fixed by manual digital pressure through the abdominal wall and to push the fetus towards birth canal. The conversion of breech posture to normal required few attempts due to availability of narrow space. Finally, a dead oversized male fetus was extracted out with gentle traction. Since the bitch was exhausted due to obstructive dystocia, the resultant secondary uterine inertia supervened and animal failed to proceed further. Abdominal palpation further revealed presence of one more fetus. Per-vaginally it was out of finger's reach. The animal was injected with oxytocin (Syntocinon, Novartis, India Ltd.) 5 I.U. intramuscularly to overcome myometrial exhaustion. Animal was left undisturbed for 20-25 minutes. There was an onset of mild uterine contractions. The bitch was again injected the same

dose of oxytocin and about 10 minutes later the animal was noticed with intense uterine contractions. As a result one normal live female fetus in anterior longitudinal presentation and dorsosacral position was delivered by the bitch, upon gentle traction. Green vulval discharge was evident along with expulsion of placenta. Bitch became relaxed and started to nurse the pup. The bitch was given supportive treatment of I/m injections of Intamox, 500 mg (Intas Pharmaceuticals Ltd.) dissolved in 5 ml distilled water, Avil, 1.5 ml (Aventis Pharma Ltd.) and Melonex, 2 ml (Intas Pharmaceuticals Ltd.) This treatment was recommended for three days.

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