

DYSTOCIA DUE TO OBLIQUE VENTRO-TRANSVERSE PRESENTATION IN A MARE - A CASE STUDY

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ABSTRACT

A case of dystocia due to oblique ventro-transverse presentation along with ankylosed body parts and its successful delivery by caesarian section has been reported in mare.

Key words: Dystocia, Oblique ventro transverse presentation, Mare.

INTRODUCTION

Dystocia due to ventro transverse presentation is more commonly encountered in the mare. The fetus lies with its longitudinal axis oblique or perpendicular to that of the mare with its limbs and abdominal surface presented to the pelvic inlet (Morrow, 1986, Arthur et al. 1989). Mutation of transversely presented fetus is difficult (Morrow, 1986).

CASE HISTORY AND OBSERVATION

A seven years old mare in second parity was presented at hospital wing of clinics, Sardarkrushinagar with the history of difficulty in parturition at full term since last 10 hours after the rupture of allantochorion bag. Mare was straining since last 2 hours in the recumbent position. Per vaginal examination revealed that the fetus was in the oblique ventro transverse presentation with severe lateral deviation of head and neck rendering inaccessibility to hind limbs, head and neck. Whereas, flexed fore limbs, thorax and a part of abdomen were within the reach of palpation. There was a bilateral fetlock ankylosis and deviated neck with ankylosed cervical vertebrae (fig).

TREATMENT

Deviation of head and neck either laterally alongside the thorax or ventrally between the forelimbs can be very difficult to correct and is major reason for the equine dystocias to specialists hospitals. In the present case all efforts of mutation and traction under epidural anesthesia failed to bring the fetus in normal presentation due to severe lateral deviation of head and neck, ankylosed cervical vertebrae and oblique transverse presentation. Bilateral fetlock ankylosis might have aided to the failure in adopting normal presentation, position and posture in the present case. A common fault is to choose fetotomy only after the birth canal has already been traumatized by unproductive attempts at manual correction (Bierschwal and de Bois, 1972; Frazer, 1997). Hence looking to the severity of the case, time elapsed, lesser space and limitations of fetotomy, it was opted for delivery by caesarean section.



Fig : Foal delivered by caesarean section

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2. Asso. Professor
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A dead, female foal as per description was removed successfully. Mare was treated as indoor patient for next 20 days at the hospital and was discharged after complete recovery.

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Achievements

Dr. Kamalakanta Saha, a Member of ISSAR West Bengal chapter was elevated to the post of Director of animal husbandry and veterinary services West Bengal on 31.10.2008. He was born on January 03, 1954, Dr. Saha graduated in B.V.Sc., & A.H. from BCKV and joined as Assistant Veterinary Surgeon, Ghoom on 23.09.1978, then performed as Veterinary Pathologist in Karimpur Nadia, Bolpur and Birbhum upto 17.08.1986. Dr. Saha did his M.V.Sc from V.C.K.V. in the year 1988, then he exercised his skill to achieve the objective of the Dept. of Animal Husbandry by serving as D.V.O. Purulia from 26.04.1994 to 28.01.1997, Deputy Director of A.R.D. & P.O. Uttardinajpur and Maldha, Additional Director of A.R.D. Haringhata firm 03.06.2004 - 31.10.2008. He did his Ph.D in the year 2008. We wish him all success in his endeavours.

Dr. D. Kathiresan, a member of Tamilnadu chapter of ISSAR and a renowned Gynaecologist and Obstetrician assumed charge as Director of Extension Education, TANUVAS on 18.8.2009. We wish him all success in his endeavours.