

POST – CERVICAL UTERINE TORSION IN A BUFFALO- A CASE STUDY

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ABSTRACT

A case of right side post cervical uterine torsion of more than 180° in a pluriparous buffalo and its successful management is reported in this communication.

Key words: Dystocia, Torsion, Buffalo

INTRODUCTION

Uterine torsion is frequently encountered as a cause of dystocia in buffaloes. Due to the wallowing behaviour and large capacious abdomen, uterine torsions are frequently reported in the last stage of pregnancy in buffaloes. In uterine torsions of greater than 180° the birth canal at parturition is tightly closed, so that the cervix and the fetus are not palpable per vaginum. These severe torsions cause obstruction to the blood supply of the uterus, with resulting congestion, edema, shock, death of the fetus and even gangrene of the uterus (Roberts, 1971).

CASE HISTORY AND OBSERVATION

A non-descript pluriparous buffalo was presented in the veterinary polyclinic of IVRI, Izatnagar, Bareilly with the history of prolonged gestation and straining since last two days without further progress. Animal was restless and straining continuously. Per rectal examination revealed twisting of the gravid horn on the right side and the fetal movement was not appreciable. On per vaginal examination it was not possible to pass the hand up to cervix and it was diagnosed to be a case of post cervical right side uterine torsion of more than 180°.

TREATMENT

The animal was casted on the side of torsion and a wooden plank of about 3 m long and 30 cm wide was placed on thoracolumbar region of the abdomen of the buffalo to fix the uterus with the lower end resting

on the ground. Two persons stood on the lower end of the plank and two persons held the upper end of the plank on the position. Both the fore limbs and hind limbs were tied together separately and the animal was rolled in a quick jerk in the same side of the torsion. After one rolling flow of uterine fluid was noticed. Immediately per vaginal examination was conducted and found that the complete detorsion achieved with the fetus in normal anterior longitudinal presentation with slight lateral deviation of the head and neck. The postural defects were corrected by standard mutation techniques and the fore limbs were snared and the dead fetus was taken out with slight downward arc form traction. There was no apparent deformity in the fetus. The placenta also expelled along with the fetus (Fig. 1). Following delivery the animal was treated with injection CfloX (15 ml I/M x 5 days), N.S.S. (2 Lts I/V), Mifex (450 ml I/V), Melonex (20 ml I/M), CfloX TZ Bolus (4 nos. I/U) and Uterotone (150 ml orally x 3 days). The animal got up herself after about one hour of treatment and started normal activities. The owner reported after one week of the treatment that the animal is recovering well and healthy with good quantity of milk per day. Kumar *et al.* (2007) also reported a similar case of torsion in a non-descript buffalo and its successful management using modified Schaffer's method.

REFERENCES

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