

Dystocia due to torsion in non-descript buffalo

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ABSTRACT

A case of dystocia due to right side post cervical uterine torsion of more than 270° in a non-descript parous buffalo and its successful management using modified schaffer's method is reported .

Keywords : Dystocia, Torsion, Buffalo

Normal calving is an important physiological phenomenon as the future production and reproduction of the dam and survival of calf depends upon this single event. Abnormal parturition due to dystocia constitutes 39.5 percent of various reproductive disorders in buffalo (Raman and Bawa, 1997). Uterine torsion occurs more frequently in buffaloes on account of large capacious abdomen and wallowing activity. The degree of torsion may vary from 45° -180° or even more. Uterine torsions of 45°-90° are frequent and may not show any symptoms but torsion of 180 or more results into constipation, abdominal pain and colic symptoms (Agarwal and Tomer, 2004).

A non-descriptive parous buffalo with the history of prolonged labour with completed gestation period was brought to the veterinary poly clinic of IVRI, Izatnagar, (Bareilly) U.P. The buffalo was restless showing frequent abdominal straining with out further progress. On per rectal examination the uterus was found twisted on right side with out palpable fetal movements. Fremitus was also not appreciable. On per vaginal examination it was not possible to pass hand through the birth canal up to cervical os indicating that the torsion was post cervical, including anterior part of vagina. Vaginal folds stretching from inside to left outside indicated that the gravid uterus was twisted right side more than 270°.

It was decided to undo the torsion by rolling the buffalo using modified schaffer's method. The buffalo was casted on the side of torsion. A wooden plank, about 3m long and 30cm wide, was placed on the abdomen of the buffalo with the lower end resting on the ground. Two persons remained standing on the lower end of the plank and a force of two persons was applied on the terminal end to hold the plank in position. The fore limbs and hind limbs were tied together separately and a bamboo was passed through them to facilitate the rolling. Buffalo was rolled on the right side and per vaginal examination was carried out after every rolling to examine the progress. After four turnings, complete detorsion of uterus occurred. Per vaginal examination then revealed that the fetus was in posterior longitudinal presentation with no other postural abnormalities. The amniotic sac was manually ruptured, the fetal hind limbs were snared and fetus was removed with gentle traction. The fetus was found dead and mildly emphysematous. After care of dam involved intra uterine placement of oxytetracycline bolus (4). injection of C-flox (15ml I/M x 3 days) Uterotone* (150 ml orally x 3 days) and Ostocalcium* 100 ml orally for 7 days.

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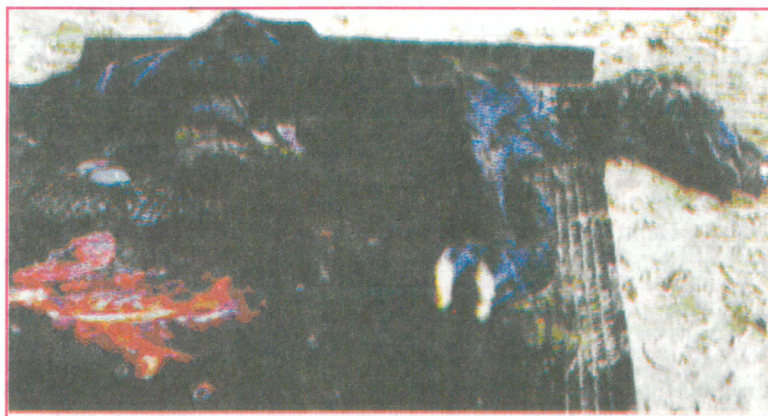


Fig. 1. Dead fetus delivered after correction of torsion of uterus

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