

Delivery of a macerated buffalo fetus by left-flank laparohysterotomy

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ABSTRACT

The present case report describes the delivery of macerated fetus through left-flank laparohysterotomy in buffalo with uneventful recovery.

Key words: Fetal maceration Laparohysterotomy

Fetal maceration is a pathological condition of bovine pregnancy. The condition occurs when a fetus dies but the delivery is blocked due to inadequate cervical dilatation and weak uterine contractions. Infectious agents enter in the uterus through a partly dilated cervix result in maceration of the fetus (Barth, 1986). Once the cervix has got secondary contraction, it is not possible to deliver the fetus per-vaginum. This case report describes one of such cases of fetal maceration in a buffalo and successful removal of the fetus by left flank laparohysterotomy.

A seven year old and six months pregnant pluriparous buffalo was brought to the Veterinary Clinics, PAU, with a history of anorexia and offensive odorous sero-purulent vaginal discharge for the past four days. The buffalo had a history of being chased and bitten by a stray dog almost a week back and had undergone post bite vaccination. General examination of the buffalo revealed elevated rectal temperature (102.5°F) and a sluggish ruminal motility (1 per 3 minutes). Vaginal examination revealed that external cervical os was open, hard in consistency and allowed only two fingers to pass. Upon examination per rectum, uterus was palpable in the abdominal cavity and fremitus was moderately

strong. There was appreciable crepitation of the uterine contents. Fetal bones were palpable but the fetal contour was not fully appreciable. The fetal fluid content was inadequate. All these observations were suggestive of fetal maceration. Left-flank laparohysterotomy (Fig. 1) was opted to remove the macerated fetus from the uterus based on the findings that first, cervical dilatation was not sufficient to remove the uterine contents; second, the hard consistency of external cervical os because of secondary contractions which suggested no chance for the improvement in cervical dilatation and thirdly the severely infected uterine contents necessitated the immediate removal to prevent development of general toxemia in buffalo.

The operation was performed under paravertebral local infiltration anaesthesia (Cox, 1987) using 2% Lignocaine HCL in which the nerves associated with the transverse processes of T₁₃, L₁, L₂ and L₃ were anaesthetized. The buffalo was stabilized by administering antibiotics (3 g Ampicillin and Cloxacillin, i.m.) stryptic (20 ml Adrenochrome monosemicarbazone, i.v.), glucocorticoids (40 mg Dexamethasone sodium phosphate, i.v.) and 5 litres of normal saline solution (N.S.S., i.v.) before commencement of surgery. Laparohysterotomy was performed as per the procedure described (Sheldon, 2001). During the operation, fetal bones and soft tissue masses

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Fig. 1. Delivery of macerate buffalo fetus in the form of bones by left flank laparohysterotomy

were removed from the uterus (Fig. 1). There was complete dissolution of fetal tissues possibly due to autolytic and putrefactive changes. Following removal of uterine contents, douching of the uterus was done with 500 ml NSS mixed with 2 ml of povidone iodine solution. Before the closure 3 g Ampicillin and Cloxacillin powder was sprinkled inside the peritoneal cavity. During post-operative period an uneventful recovery was recorded following administration of antibiotics (3 g, Ampicillin and Cloxacillin, i.m.), anti-inflammatory drugs (10 ml, Meloxicam, i. m.) and B-Complex vitamins (10 ml Belamyl, i.m.) for three days. Antiseptic dressing of the surgical site was carried out with povidone iodine solution till healing.

Stress-induced by dog-chase might have resulted in fetal death followed by incomplete cervical dilatation and entry of infectious organisms could have resulted in fetal maceration. Surgical removal of the macerated foetus was seldom indicated because of severe endometritic damage and chances of peritoneal contamination

and hence salvage by slaughter was always recommended (Wright, 2001). However, in our condition, there was a need to establish a procedure resulting in uneventful recovery in the cases of fetal maceration. Fetal putrefaction warranted immediate removal by caesarean to reduce the risk of maternal mortality. Previously, ventrolateral approach in laparohysterotomy was recommended (Sloss and Dufty 1980) to reduce the peritoneal contamination. However, in the present case, left-flank laparohysterotomy was performed for the removal of macerated fetus because uterus was contracted and was lying near to the pelvic inlet in the left side of the abdominal cavity. An uneventful recovery of the dam was recorded later on.

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