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Case Report

Dystocia in a gilt due to ascitic fetus- a case report

M. HONPARKHE[1†], AJEET KUMAR [2], S. PRABHAKAR [3] AND A. SATHYA[4]

Department of Animal Reproduction, Gynaecology and Obstetrics
Guru Angad Dev Veterinary and Animal Sciences University
Ludhiana -141 004

ABSTRACT

The present case report puts on record a case of dystocia due to ascitic piglet, accompanied by mummified and stillborn fetuses and their successful delivery with obstetrical manoeuver.

Key words: Dystocia, fetal ascites, mummified fetus,

Dystocia in gilt may be due to several etiological factors including uterine inertia, feto-pelvic disproportion and uterine torsion but fetal ascites is an occasional cause of dystocia in a gilt (Roberts, 1971). The decision of per-vaginal manipulations or caesarean section depends upon the condition of animal, onset of labour, type of dystocia and number of fetuses (Leman *et al* 1986; Ghosh 2007). This short communication describes the handling of dystocia due to ascitic piglet accompanying a mummified and normal sized stillborn fetuses and their successful delivery per-vaginum.

A 13-months old, black, non-discript full term pregnant gilt in second stage of labour was presented to the Veterinary Clinics, GADAVASU, Ludhiana with the history of straining since last 48 hours. The gilt was of optimum body size and weight for its age but the pelvis was proportionately small. On clinical examination, the gilt was dull and in lateral recumbency with expertion of sanguinous discharges from the vagina. The temperature, heart and respiratory rates were 100 °F, 50 bpm and 10breaths/minute, respectively. Per-vaginal examination revealed dry birth passage and fetal head with retained forelimbs. Further examination disclosed the distended fetal abdomen having fluid thrills but tightly jammed at the pelvic inlet.

Before obstetrical manoeuvers, the dam was treated intramuscularly with 75 mg Triflupromazine (Inj Siquil; Sarabhai Zydus), 20 mg Dexamethasone Phosphate (Inj Dexona; Sarabhai Zydus), 5 mg Adrenochrome monosemicarbazone (Inj. Chromostat; Life pharmaceuticals) and 50 I.U. Oxytocin (Inj Zygon; Ranbaxy lab). Following proper restraining of dam, birth passage was lubricated with autoclaved 1% Parachlor gel (Carmellose-Na, WDT, Garbsen). Gradual manipulation and moderate traction with fingers and tissue forceps enabled the delivery of the obstructing fetus, whereas, mild traction was sufficient to deliver next three piglets. The dam was treated with intravenous (ear vein) dextrose saline (5%, 1L, Baxter Private Ltd), intramuscular Streptopenicillin (Inj Dicrysticine; Sarabhai Zydus) and sub-cutaneous Calcium gluconate (10%, 10 ml, Novartis). The recovery of dam was uneventful.

Gross examination of the delivered piglets revealed that first obstructing fetus had enlarged abdomen and ascites, the second was mummified while the third and fourth were normal sized (Fig. 1). An ascitic fetus often has distended abdomen makes it to wedge in the pelvic inlet (Roberts, 1971). Overproduction or inefficient removal of peritoneal fluid or obstruction of lymphatics for various reasons may prevent the disposal of peritoneal fluid and responsible for ascites. In the present case, the exact etiology for the

[1] Assistant Gynaecologist, [2] Assistant Professor, [4] M. V. Sc. Student, [3] Professor-cum Head, [†]Corresponding author

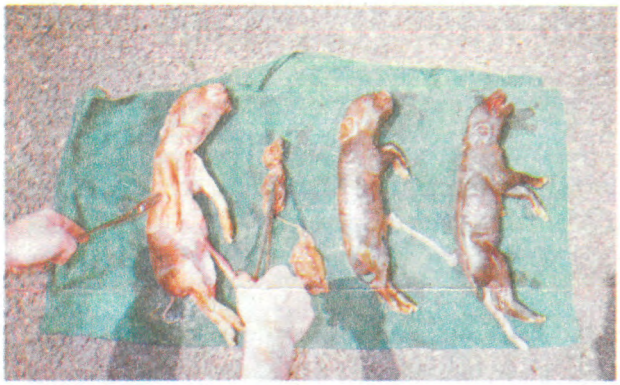

Fig 1. Ascitic and mummified fetuses delivered from a gilt

development of fetal ascites could not be ascertained. During single parturition, multiple abnormalities in different fetuses may be encountered in animals producing large litter size (Arthur *et. al.*, 2001). Similarly, in the present case, the second piglet was mummified that could be as a consequence of placental insufficiency. Since there was no report of incidence of reproductive disorders leading to abortion or viral disease in the herd, the viral cause for fetal mummification could be ruled out.

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