

Case of bovine fetal mummification and secondary maceration with fetal bones embedded in myometrium

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ABSTRACT

Case of fetal mummification and secondary maceration has been studied in this paper.

Key words : Bovine, fetal mummification, myometrium

Fetal mummification has been reported to occur in several domestic species (Roberts, 1986). Conditions necessary for bovine fetal mummification to occur include maintenance of dead fetus within uterus by persistence of corpus luteum of pregnancy or uncommonly a viable fetus (Roberts, 1986). Following death of fetus in bovines, the fetal fluids and placental fluids are absorbed and maternal placenta involutes and occurs mostly in the middle and late trimester of gestation. The present study put in record a rare case of bovine fetal mummification with secondary maceration.

A cross-bred cow, with a history of overgestation by 20 days along with anorexia and fever for the last three days, was brought to the Veterinary Clinics, PAU Ludhiana. Per vaginal examination revealed a closed cervix. On rectal examination, the right uterine horn was found to be gravid and a part of fetus extending in the left horn also. The size of the uterus gave an impression of a 4 and a half month pregnancy. The uterus was having a doughy texture, with very little fluid content and no palpable cotyledons. Fremitus was not appreciable however, a well developed CL was present on right ovary. Two days subsequent to the administration of Dexona (10ml) and Iliren (5ml), animal voided thick, brownish, foul smelling discharge, without the delivery of fetus. On pervaginal examination, cervix was found to be 4 fingers dilated and bare fetal bones were palpable in both the horns. With much difficulty, few bones were taken out per vaginally. A right flank laprotomy was then performed under sedation with Siquil (5ml), and paralumbar regional nerve block and inverted 'L' local

infiltration. The uterus extended out through the right flank incision was thick-walled, showed no edema or cyanosis. On incising the uterine horns separately, fetal bones were found embedded in the myometrium and a sticky brownish membranous structure was found to separate the fetal bones from the myometrium. The bones were extracted out one by one from the uterine horns (Figure 1). Post operative care involved administration of Inj. Gentamicin (30ml, X 7days, IM), Inj. NSS (6 litres, X 5days, IV) and Inj. Metronidazole (800 ml, X 7days, IV), along with Inj. 3-D Vet (15ml, X 3 days, IM) and Inj. Belamyl (10ml, X 5days, IM). The animal recovered fully following the treatment. The presence of brownish sticky discharge around the fetus and thick-walled uterus tightly adhering to the fetal bones indicates fetal mummification, which, as judged by the size of the bones, could have commenced around 5th month of gestation. The foul smell from the discharge and presence of only bones indicate the secondary maceration. The present case is unique in the sense that, the initial per-rectal examination pointed towards it to be a case of fetal mummification, but the subsequently performed laprotomy revealed the fact that the maceration of the mummified fetus has already started. Secondary maceration of mummified fetus can occur subsequent to bacterial invasion (Roberts, 1986). The reason behind non-expulsion of uterine contents, though the cervix opened following the induction, could be attributed collectively to the partially dilated cervix, involuted uterus adhering to the fetal parts and the fetal bones embedded in myometrium.

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