

Dystocia due to *Schistosomus reflexus* monster with ectopic viscera in a cow

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ABSTRACT

Dystocia due to *Schistosomus reflexus* monster with ectopic viscera has been studied in a cow in the present study.

Key words : Dystocia, monster, cow

Schistosomus reflexus is an infrequent congenital anomaly mostly reported in cattle (Sastry and Seetharama Murthy, 1984; Bose *et al.*, 1988; Balasubramanian *et al.*, 1991 and Rao *et al.*, 1993), buffalo (Murthy *et al.*, 1999) and occasionally in sheep, goat and pigs (Arthur *et al.*, 1998). *Schistosomus reflexus* in goats has been reported by Dutta *et al.* (1989). It is characterized by marked skeletal defects and extensive deformities involving an organ or a part of the body. Ectopic presentation of all the abdominal and thoracic viscera in such a monster has been reported but is rare (Jana and Gosh, 2001). This communication reports fetal monster with *Schistosomus reflexus* and ectopic viscera in a cow.

HISTORY AND OBSTETRICAL FINDINGS

A crossbred, pluriparous full term cow was presented with the history of labor pain since six hours but without any success. Pervaginal examination revealed dead fetus with loops of intestine in the vaginal passage. Careful examination revealed the intestines to be those of the calf. Since they were interfering in the obstetrical maneuver, they were excised and removed. Further examination revealed complete backward flexion of the head and both the fore and hind limbs. The fetus was tightly packed in the vaginal passage. Since the obstetrical maneuvers failed, the fetus was removed through left lower flank lapro-hysterotomy, under local infiltration analgesia with 2% Lignocain HCl. The uterine and laparotomy incisions were

closed in a routine manner. Post-operatively, the animal was given 5 liters of 5% dextrose-saline intravenously, streptopenicillin 2.5 g intramuscularly daily for five days and diclofenac sodium 15 ml intramuscularly for three days. A dead male calf was removed by laparo-hysterotomy. there was marked ventral curvature of the spine and arching of the back at thoracolumbar junction. The limbs were ankylosed and turned backward exposing the thoracic and abdominal viscera (Fig. 1). The organogenesis was complete, but the skin, musculature and peritoneum over the viscera behind the xiphoid cartilage were absent. Liver was abnormal in shape, the lungs were small but the heart was of normal size. The pelvis was small, flattened and deformed. The fetus was a male with *atresia ani*. The exact



Fig. 1. Dystocia due to *Schistosomus reflexus* monster with ectopic viscera.

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cause of occurrence of such an anomaly is not known. However, interplay of multiple genes has been advocated as the most important genetic mechanism for such anomalies (Jana and Gosh, 2001). Hogger (1965) suggested the effect of autosomal recessive gene as a cause of this condition.

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