Dystocia due to Schistosomus reflexus in a goat

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Received: December 17, 2002 Accepted: September 25, 2003

ABSTRACT

A stillborn male schistosomus reflexus monster in anterior ventral presentation causing dystocia in a goat was delivered by mutation and traction.

Key words: Dystocia goat, schistosomus reflexus

Dystocia due to schistosomus reflexus is comparatively a rare condition in goat than in cattle and buffalo (Roberts, 1982). A small underweight schistosomus reflexus may be delivered per vagina without assistance. However, a full-grown schistosomus reflexus becomes a cause of dystocia and either fetotomy or caesarian section may be required to relieve the mother. Considering the paucity of literature in goat, this report has been prepared on per vaginal delivery of a full-grown schistosomus reflexus stillborn foetus, which was cotwin to a normal live kid.

A six-year-old Assam local goat in its fourth lactation was presented in the clinics five hours after delivering one healthy live kid normally. The goat was straining intermittently. Examination per vagina revealed the presence of a dead foetus in ventral presentation with the head and all the four legs extending into the pelvic cavity. The cervix was sufficiently dilated for foetal manipulation. After proper lubrication of the birth canal with coconut oil, the foetus was rotated to dorsal presentation using the fingers of one hand. As only the distal extremities of the legs could be palpated per vagina, the hind legs could not be distinguished from the fore legs. Attempts to push any one of the legs into the uterus resulted in repulsion of the whole foetus. Suspecting some congenital abnormalities in the foetus, gentle traction was applied on the head and it was brought out of the pelvic brim. Likewise, all the legs were also pulled into the birth canal. Alternate traction was applied on the head and the legs and with moderate difficulty a foetal monster was delivered (Fig. 1).



Fig.1. Schistosomus reflexus monster in a goat

Description of the monster: The stillborn male foetus weighing 0.9 kg had grossly normal head and neck region. The vertebral column had an acute curvature at the lumbar region, which could not be returned to normal (Fig. 2). The sacrum and the pelvis remained close to the left shoulder region. All the legs were partially ankylosed and were extending proximally closely under the neck and head. Both the hind legs from the stifle down were almost straight. The left shoulder region and the croup region were fused together with skin fold. The thorax was deviated to the right side. The diaphragm was intact and the thoracic organs remained inside the thoracic cavity. The abdominal wall was not developed and all the abdominal viscera remained outside under the cover of a thin membrane. The abdominal organs were grossly normal. The pelvic region was

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Fig. 2. X-ray showing schistosomus reflexus of a kid

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laterally compressed and the pelvis was deformed. There was a small scrotum into which testicles did not descend. Schistosomus reflexus is considered to be a severe form of an abdominal hernia associated with skeletal defects (Dennis and Meyer, 1965). The literature contains many references to the foetal schistosomus reflexus causing dystocia in cattle

and buffalo, which necessitated either fetotomy or caesarian section (Shastry and Murthy, 1984; Padma Rao et al., 1993; Srivastava et al., 1998). Foetal monster with a normal co-twin rarely occur in goat (Bedford, 1967) and very rarely occurs in cattle (Pearson, 1979).

The monster was a typical schistosomus reflexus as per the classification of Dennis and Meyer (1965).

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