



Delivery of Dead Foetus by Episiotomy in an Indigenous Cow

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ABSTRACT

The presented case of dystocia with history of protrusion of ear of foetus outside the vulva of cow was diagnosed by physical examination and successful removal of dead foetus was done per vaginally by episiotomy operation. Foetal membranes were expelled two hours after removal of dead foetus and post operative management was done by antibiotic, analgesic, vitamin B complex, dextrose saline injection and intra uterine ecobolic administration for 05 days. Animal recovered eventually and suture was removed 14 days post conduction of episiotomy operation.

Key words: Dystocia, Episiotomy, Maternal causes.

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INTRODUCTION

Dystocia are many forms of interference with physiology of birth. These immediate interferences are broadly categorized into fetal and maternal causes. Fetal causes of dystocia are more numerous and are due to abnormal Presentation, Position, Posture of the fetus. Maternal causes comprise of narrowing or stenosis of birth canal - fracture and exostosis of the pelvis, small size of the pelvic cavity due to early breeding or it may due to genetic predisposition (Roberts, 1971). The present case study highlights the relieving of dystocia due to one of the maternal causes of dystocia i.e. narrowing or stenosis of birth canal by Episiotomy technique.

CASE HISTORY AND OBSERVATIONS

A cow of 4 years of age with 6 months pregnant was presented at VCC, Bhubaneswar with a history of protrusion of ear of the foetus out of the vulval lips (Fig 01). Upon physical and gynaecological examination, it was found that both vulval lips are adhered tightly. Only 2-3 fingers were able to pass through the vulval lips, because of tight adherence or narrowing of both vulval lips. The feed and water intake were also compromised for last 3 days. It was decided to go for episiotomy to deliver the foetus because

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in the past 3 days this condition was persisting as per the owner's complaint.



Fig. 1: Protrusion of ear from vulvar lips of cow

TREATMENT AND DISCUSSION

Initially animal was restrained properly. Body temperature was normal, so the animal was stabilized with i/v administration of DNS. Perineum was cleaned with 1% KMNO₄ solution to sterilize the vulvar lips. The operative site was prepared for aseptic surgery and animal was administered with 5 ml of lignocaine hydrochloride (2%) at 1st inter-coccygeal space as epidural anaesthesia. Under standard surgical procedure, an incision of 4" at 1 o'clock on right dorso-lateral side of vulva was made and it was extended

by using scissor. The adequate lubrication of birth canal with 2% sodium carboxy methylcellulose was carried out. On per-vaginal examination, the foetus was found in anterior longitudinal presentation, dorso sacral position with flexed forelimbs. With help of obstetrical snare by using simple traction foetus was delivered (Fig 2).



Fig. 3: Suturing after episiotomy operation

To prevent further infection in vaginal mucosa, perineal muscles were sutured through simple continuous pattern suturing with cat gut no 2. Skin was sutured using silk no. 3 through cross-mattress fashion (Fig. 03). The placenta was expelled within 2 hrs after fetal delivery. Postoperative treatment for five days was given with Inj. Meloxicam @ 0.5 mg/kg im, Ceftriaxone + Tazobactam @ 3,375 mg im and Inj. Vitamin B-complex 10 ml im. Intrauterine treatment with Levofloxacin 100mg + Ornidazole 200mg + Vitamin E 25 mg/5 ml @ 60 ml for five days. Skin sutures were removed by day 14 post surgery and animal recovered uneventfully.

Episiotomy is a technique originally designed to reduce the incidence of severe perineal tears (third and



Fig. 2: Dead foetus after per vaginal delivery

fourth-degree) during labor (mostly in 2nd stage of parturition) (Pradeep *et al.*, 2009). The general idea is to make a controlled incision in the perineum for enlargement of the vaginal orifice, to facilitate difficult deliveries. Ideally, an episiotomy would relieve pressure on the perineum resulting in an easily repairable incision when compared to uncontrolled vaginal trauma. Congenital stenosis of vulva resulting in dystocia and its successful management through episiotomy was also recorded in heifers (George *et al.*, 1997; Bhatt *et al.*, 2012 and Kumar *et al.*, 2014).

CONCLUSION

Episiotomy can be a treatment of choice in case of vulvar stenosis leading to dystocia.

CONFLICT OF INTEREST

None

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