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Dystocia Due to Conjoined Twin Fetal Monster in a Murrah Buffalo: A Case Report

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A malformation in the fetus may result into monstrosity which can result in difficult parturition. Fetal anomalies and monstrosities are common causes of dystocia in bovine (Shukla *et al.*, 2007) with the incidence of 7.9 % in river buffaloes (Phogat *et al.*, 1992). Dicephalus monsters have been reported in buffaloes (Srivastava *et al.*, 2008) and cows (Chandrasahana *et al.*, 2003). The present case report describes a rare condition of conjoined twins (dicephalus dipus dibrachius dicaudatus monster) causing dystocia and its successful obstetrical management in a Murrah buffalo.

Case History and Clinical Observations

A Murrah buffalo aged about four and a half years was presented to TVCC, DUVASU, Mathura in recumbent condition with history of full term gestation and continuous straining since last 48 hours while water bag was ruptured 24 hrs before. Gynaeco-clinical examination revealed the completely dilated birth canal with a fetus in anterior longitudinal presentation and dorso-pubic position. The head was found to be laterally deviated, while an extra head was palpated below the pelvic brim inside the uterus. The condition was diagnosed as double headed fetal monster causing dystocia, hence it was decided to perform fetotomy.

Treatment and Discussion

Animal was restrained using low epidural anesthesia (5 ml, 2% Lignocaine hydrochloride). After lubricating the birth canal sufficiently with liquid paraffin, one laterally deviated head was amputated with double barrel Thygeson's fetotome by using partial threading. Amputated head was removed and other head was brought in the birth canal with obstetrical manipulation, foetus was delivered per-vaginally by applying the forced traction. Following delivery, the animal was stabilized with fluid therapy comprising of Inj. dextrose saline (DNS 5%) @ and normal saline (0.9% NS) @ 3 liter each I/V. The dam recovered uneventfully with therapeutic treatment i.e. with I/M administration of Inj. Intacef (3 g), Inj. Melonex (75 mg), Inj. Oxytocin (40 IU) and Bolus Steclin (3 g I/Ut) for 3 days.

Conjoined twins result from incomplete subdivision of embryonic axis that occurs at a relatively later phase of development (Ravikumar *et al.*, 2012). Conjoined twins are mostly monozygotic in origin and may be fused medially at different parts of body and cranial fusion was most common (Roberts, 1971). The conjoined twins were reported with two separate heads (Dicephalus), two fore limbs (Dipus), two hind limbs (Dibrachius), and two tails (Dicaudatus), (Roberts, 1971)(Figure 1, 2). Dystocia due to conjoined twin monster has already been reported in cows (Honnappagol *et al.*, 2005) and in buffaloes (Dhami *et al.*, 2000), as discussed in present case study, however, visceral



Figure 1 & 2: Dicephalus, Dicaudatus monster

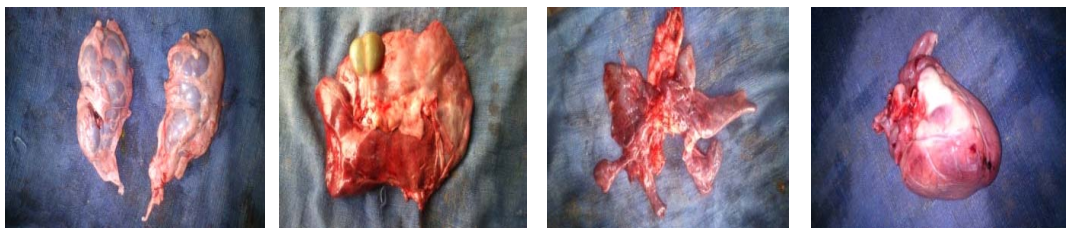


Figure 3: Normal visceral organs of the monster

organs were not found duplicated on postmortem examination (Figure 3). The fetotomy technique is a better alternative to the caesarean operation in such cases as it saves time, risk to dam and expenses of the farmer.

Conflict of Interest: All authors declare no conflict of interest.

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