

Submitted : 09-02-2017

Accepted : 17-03-2017

Published : 05-05-2017

Dystocia due to Fetal Malposture in a Jenny: A Case Report

G.B. Solanki, K.H. Parmar, R.J. Raval, K.B. Vala and M.D. Odedra

Department of Veterinary Gynaecology and Obstetrics,

College of Veterinary Science and Animal Husbandry, JAU, Junagadh - 362001

Corresponding Author: rupeshraval@rediffmail.com

This work is licensed under the Creative Commons Attribution International License (<http://creativecommons.org/licenses/by/4.0/P>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

Copyright ©: 2016 by authors and SVSBT.

Reproductive aspect of Jenny is very similar to that of Mare being that they both belong to the same genus Equus. The average length of gestation in donkeys varies between 10½ to 14½ months (Kirby, 1989). Dystocia is defined as any birth that reduces neonatal viability, causes maternal injury or requires assistance (Purohit and Honnappagole, 2009). Dystocia is much more common in primipara than pluripara (Roberts, 1986). Dystocia in Jenny can be caused by abnormalities of either maternal or foetal origin. In view of above facts a case of dystocia in Jenny due to right lateral deviation of fetal head with flexed left shoulder and its delivery by mutation is placed on record.

Case History and Observations

A five year old primiparous Jenny with unknown gestation period was presented to Teaching Veterinary Clinical Complex, Veterinary College, Junagadh, from the Instructional Livestock Farm Complex (ILFC) of the College with the history of difficulty in parturition since last 14 hours and the rupture of allantochorion before few hours. Jenny was dull and depressed with severe and frequent straining attempts to deliver the fetus. The clinical examination revealed the presence of placenta and extremity of one leg at vulvar orifice. Rectal temperature, respiration and pulse rate were within the normal range. After proper restraining, the gynaeco-clinical examination revealed fully dilated cervix with dry birth canal and a dead fetus in anterior longitudinal presentation, dorso-sacral position with right lateral deviation of head and flexed/retained left shoulder beneath the body of the fetus.



Figure: Delivered dead male fetus along with the placental membrane

Treatment and Discussion

Jenny was restrained in right lateral recumbency. After thorough lubrication of the birth passage with ample amount of liquid paraffin an attempt was made to correct the fetal postural defects. The fetus was pushed back into the uterus by repulsion and then hand was introduced on the side of flexion of limb and the radius was grasped and pulled upward towards the pelvis, converting shoulder flexion into carpal flexion which was then corrected into normal posture. Lateral deviation of head was corrected by grasping and pulling the lower jaw with one hand. A dead male fetus wrapped in placenta was delivered per vaginally by applying traction on head and both the forelimbs. After relieving dystocia four Furea boluses were placed in uterus and fluid therapy was given to the dam. The Jenny recovered uneventfully following the treatment with parenteral fluid, antibiotic (Inj. Dicrysticin 2.5 g), Antihistaminic (Inj. Anistamin 10 ml) and Analgesic (Inj. Melonex 10 ml) for three consecutive days. As a preventive measure i/m Inj. of Tetanus Toxoid 5 ml was also given.

The age of the fetus appeared around 10-11 months, indicating a case of dystocia associated with abortion. Frazer *et al.* (1997) reported that 68 % of dystocia in equine of anterior presentation were due to limb deviation (52 %), head deviation (37 %) and lateral position (11 %). Deviation of the head and neck appears to be the most common cause of severe dystocia for fetus presented in anterior longitudinal presentation (Dadarwal *et al.*, 2008). If a mare is in 2nd stage of labour for greater than 20 minutes without fetal movement dystocia must be suspected (Frazer, 2009). If two forefeet alone are at vulva, without progress dystocia due to head deviation becomes obvious. Chauhan *et al.* (2013) delivered dead male fetus after correcting its dorso-pubic position and malpostures (left shoulder flexion and flexed neck) through application of mutational operation and proper traction in Jenny, as was done in the present case. The death of fetus in the present case was probably due to the protracted second stage of parturition.

Acknowledgement :

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

References:

- Chauhan, P.M., Sindhi, S.H. and Thakor, K.B. (2013). Fetal dystocia due to dorso-pubic position and postural defects in a Jenny: A case report. *Vet. World*, **6(2)**: 116-117.
- Dadarwal, D., Honparkhe, M. and Dhaliwal, G.S. (2008). Dystocia in mare due to lateral deviation of head in congenitally deformed foal. *Indian J. Anim. Reprod.*, **29**: 228-29.
- Frazer, G.S. (2009). Dystocia management on the farm. 15th SIVE Congress Proc. Annual Meet, *Italian Assoc. Equine Vet.*, P: 57-59.
- Frazer, G.S., Perkins, N.R., Blanchard, T.L., Lock, T.F., Sertich, P.L., Baker, G.J. and Vaala, W.E. (1997). Prevalence of fetal maldispositions in equine referral hospital dystocias. *Equine Vet. J.*, **29**: 111-116
- Kirby, P. (1989). Donkey breeding and care of the young. In: *The Professional Handbook of the Donkey*, 4th Edn. Swendsen, D.E. Sovereign Printing Group, England.
- Purohit, G.N. and Hannappagole, S.S. (2009). Dystocia and its management in mares. In: Eds Suresh, S.K., and Tandle. M.K. *Veterinary Obstetrics A Practical Guide*. Jaypee Brothers Medical Publishers New Delhi, India, p: 89-98.
- Roberts, S.J. (1986). *Veterinary Obstetrics and Genital Diseases*, 2nd edn. CBS Publisher and Distributors, Delhi, India, p: 233.

□