

CORRECTION OF UTERINE TORSION IN SIROHI GOAT BY MODIFIED SCHAFFER'S METHOD

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Uterine torsion is one of the frequent maternal causes of dystocia in dairy animals that commonly occurs near parturition. In small ruminants maternal dystocia due to uterine torsion is occasional and accounts for 2% of etiological factors (Jackson, 2004). The low incidence of uterine torsion in goats might be due to difference in the attachment of mesometrium, i.e. sublumbal rather than subillial attachment (Fazer *et al.*, 1996). The entire length of the pregnant uterine horn rotates on its longitudinal axis to the left (anti-clockwise) or right side (clockwise). The fetus and its membranes also rotate with the uterus; there is compression of the blood supply to the fetus, hemorrhage or seepage of blood in the allantoic cavity and resultant death of the fetus in utero. Since uterine torsion frequently occurs during parturition, the birth canal is occluded because of twisting and delivery of fetus cannot occur. Uterine torsion is a diagnostic dilemma for veterinarians and a difficult obstetrical procedure for less experienced persons. The treatment regimens for the uterine torsion include rolling of dam while giving pressure on flank (Dhaliwal *et al.*, 1986) and caesarian section (Bansod and Srivastava, 1991).

CASE HISTORY AND CLINICAL EXAMINATION

A Sirohidoe in Goat farm of Livestock Management and Training Institute of Milch Livestock Improvement Society, Solan, having third parity with the history of straining since last 12 hours and unable to deliver the fetus was found. On physical examination the doe was alert but unable to stand. Temperature, pulse and respiration rates were within physiological limits. Abdominal palpation revealed presence of fetal mass. Per vaginal examination revealed a strong twist (>90°) in the anterior vagina running towards left side and one finger could be passed through the twist. The case was diagnosed as maternal dystocia due to left side post cervical uterine torsion.

TREATMENT AND DISCUSSION

It was decided to attempt detorsion by adopting modified Schaffer's technique, which is generally used to relieve torsion in large animals, with slight modification. For this the Animal was cast on left lateral recumbency with both the fore legs and hind legs tied separately. A suitable wooden plank was placed over the flank region in order to fix the uterus externally. Then the animal was slowly rolled towards the same side of torsion. Per vaginal examination following one complete rotation revealed persistence of mild twist and hence second rotation was given. After two complete rotations, the dilated cervix with intact water bag was palpated. After manual rupturing of water bag a dead female fetus which was in anterior longitudinal presentation, dorso sacral position with extended fore limbs was relieved by gentle traction. Second male fetus was relieved following correction which was in breech presentation. After parturition, the doe was treated with inj. 5% DNS 300 ml (i/v), inj. Oxytocin 10 IU, inj. Chlorpheniramine maleate 2 ml and inj. Cefotaxime 250 mg intramuscularly for three days. The animal made uneventful recovery. Uterine torsion is more common in singlet one doe as compare to duplex. Shukla *et al.* (2009) reported that male kid was appreciably larger than female kid. Arthur *et al.* (2001) reported that uterine torsion was successfully corrected by using Schaffer's method but Ijaz and Talafha (1999) noted rotation of the ewe's body noted to be unsuccessful. However, Naidu (2012) successfully corrected the uterine torsion in ewe

by using Schaffer method and dead fetus was delivered. The survival rate was 100% in Schaffer's method (Mudasiret *al.*, 2010).

It is concluded that non-surgical approach, i.e. modified Schaffer's method can be adopted successfully in fresh and promptly diagnosed cases of post-cervical uterine torsion in goats.

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