DYSTOCIA DUE TO SCHISTOSOMUS REFLEXUS IN A CROSSBRED JERSEY COW - A CASE REPORT

C. Velladurai, M. Selvaraju and R. Ezakial Napolean

Department of Animal Reproduction Gynaecology and Obstetrics Veterinary College and Research Institute, Namakkal – 637 002

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Corresponding Author : vetvelladurai@gmail.com

Schistosomus reflexus is seen most commonly as anomaly of the trunk of the foetus causing dystocia. Congenital anomalies of the fetus are reported to be encountered during embryonic developmental stage in domestic animals (Ozsoy *et al.*, 2009). Schistosomus reflexus is a major congenital fatal anomaly causing dystocia in ruminants (Suthar *et al.*, 2011). Perusal of available literature revealed few reports on the occurrence of schistosomus reflexus in bovines in India (Jana and Ghosh, 2001). Hence, the present communication reports a case of dystocia due to schistosomus reflexus in a Jersey crossbred cow.

CASE HISTORY AND CLINICAL OBSERVATIONS

A pleuriparous full term pregnant crossbred Jersey cow was reported with a history of difficulty in parturition for the past 12 hours. The animal was dull and depressed and was in sternal recumbency. The severe oedema and congestion of the vulva was noticed. Vaginal examination revealed fully dilated cervix with dry and oedematous vaginal passage. Protrusion of the fetal forelimbs was noticed through vulva. Examination of the fetus indicated the presence of all the four ankylosed limbs in the vaginal passage with part of fetal viscera palpable behind. The case was diagnosed as fetal monster due to schistosomus reflexus. The lubrication of birth passage was done by liberal application of the obstetrical gel. Epidural anaesthesia was done with 2 per cent Lignocaine hydrochloride, Simple traction was applied on both the forelimbs along with head and repulsion of one hindlimb inside the uterus, the fetal monster was delivered along with fetal membranes. A male fetus was delivered along with its exposed viscera (Photo 1).



Fig 1: Foetus with exposed viscera

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TEATMENT AND DISCUSSION

After the delivery of the fetus, the dam was administered with intravenous fluids, antibiotics, antiinflammatory and antihistaminic drugs for three days. Uneventful recovery of the dam was noticed. In the present case, gross examination of the fetus revealed marked ventral curvature of the spine. The body and chest walls were stretched. Although the fetus had full growth, the skin, musculature and peritoneum over the viscera behind the sternum were absent. The diaphragm attachment was incomplete. The lungs were small and liver enlarged. The rumen distended with fluid. The fore limbs and hind limbs were ankylosed. Similar findings were reported by Honparkhe *et al.* (2009) and Prasad *et al.* (2012) in buffaloes. The exact cause of such type of anomaly is still unknown. It could have occurred due to the teratogenic predisposition. The possibility of genetic predisposition cannot be ignored. The interplay of multiple genes is a frequent and most important genetic mechanism for the occurrence of such extensive anomalies as described by Jana and Ghosh (2001).

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