

*Case report*

## **PER VAGINAL DELIVERY OF SCHISTOSOMUS REFLEXUS IN A JERSEY CROSS BRED COW: A CASE REPORT**

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**Abstract:** A Schistosomus reflexus which caused dystocia in a Jersey crossbred cow was successfully delivered by per vaginam and forced traction and is reported.

**Keywords:** Schistosomus reflexus, Cattle, Dystocia.

### **Introduction**

Schistosomus reflexus is a rare and congenital disorder seen in cattle and is characterized by its defining features include anomaly of the trunk with malformation spinal inversion, exposure of the abdominal viscera because of a fissure of the ventral abdominal wall, limb ankylosis, positioning of the limbs adjacent to the skull and lung and diaphragm hypoplasia.

(Roberts, 1971). The prevalence of schistosomus reflexus is believed to occur in cattle from as low as 0.01% (Sloss and Johnston, 1967) to 1.3 (Knight, 1996). Most of the affected fetus causes dystocia because of the characteristic angulation of the spine although the body weight may be less than the normal calf (Krishnakumar *et al.*, 2012). The present case reports a rare occurrence of schistosomus reflexus in a cow.

### **Case history and Observation**

A case of dystocia in a pluriparous jersey cow was presented to teaching veterinary clinical complex, Veterinary College and Research Institute, Orathanadu, with a history that both the forelimbs of the calf were partially out since last 5 hours and no progression in parturition. The birth passage was completely relaxed. After sufficient lubrication, animal was examined per vaginally and observed that foetal movement and other reflexes absent. Fetus was found to be dead and fetal head extended and leg extended into the pelvic cavity.

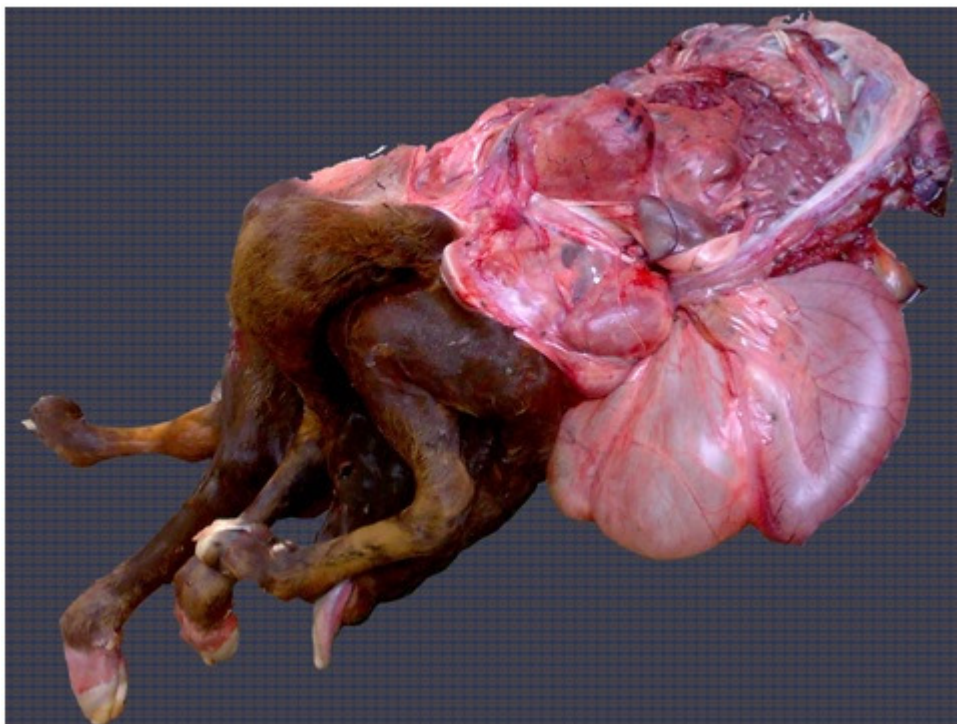
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### Treatment and Discussion

Attempt made for relieving the calf with forced traction after thorough proper lubrication with cetrimide cream and a dead monster male female was delivered per vaginam (Fig.1). The fetus was diagnosed as a case of schistosomus reflexus as per the classification of teratological defects given by Roberts (1971). After removing the monster calf the cow was given 8 litres each of 5% dextrose normal saline and normal saline solution intravenously. A course of broad spectrum antibiotic enrofloxacin 0.5 mg /kg b.wt and analgesic meloxicam 150mg were administered intramuscularly as well as 4 boli uromet was placed in the uterus for three consecutive days. Injection of dexamethasone 40mg was given intravenously on the day of treatment only. The said cow recovered uneventfully. It was characterized by distinct ventral curvature of spine with exposed abdominal mass. The diaphragm attachment and thoracic arc development were incomplete and thoracic visceral organs like intestines, omentum, kidney and liver were exposed. The limbs were touching each other and it was difficult to straighten them with neck and head in ankylosed state. A more or less similar characteristic anomaly in crossbred calf (Singh *et al.*, 2010 and Akil *et al.*, 2015) were observed when dystocia was relieved by caesarean section.

### Reference

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**Fig-1** Schistosomus reflexus delivered by per vaginum