

Case report

DYSTOCIA DUE TO FETAL ANASARCA AND ASCITIES WITH LIVE FETUS IN A DOE

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Abstract: A full term pluriparous doe was presented with dystocia due to fetal abnormality. The fetus was found to be anasarca with ascities and another live fetus was delivered successfully per vaginum.

Keywords: Fetal anasarca, Fetal ascities, Doe, Dystocia

Introduction

Dystocia or difficult birth occurs more frequently in cattle and sheep than goats (Hanie, 2006). Anasarca is generalised oedematous condition of body less commonly reported in small ruminants. Fetal anasarca is the general dropsy of the tissue beneath the skin of foetus. Dystocia occurs most commonly due to foetal anomalies and monsters. Fetal monsters arise from adverse factors affecting the foetus in the early stages of its development. The adverse factors are mostly of genetic origin but may also include physical, chemical and viral factors (Jackson, 2004 and Chandrasekaran *et al.*, 2015). The various types of monsters and congenital abnormalities reported in farm animals includes conjoined twins, Schistosomus reflexus, perosomus elumis, hydrocephalus, foetal anasarca, foetal acities and chodroplastic monsters (Arthur *et al.*, 1996). The present paper describes a case of dystocia due to foetal anasarca along with asicites and a life fetus delivered per vaginum.

Case history and Observation

A four year old full term kanni adu pluriparous doe was presented to the Large Animal Obstetrics Unit of Teaching veterinary Clinical Complex, Veterinary College and Research Institute Orathanadu with the history of inability to deliver the fetus even after with continuous straining for three hours. On clinical examination, vulva was swollen and an oedematous head of the foetus noticed outside the birth canal. Per vaginal examination

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revealed presence of large sized disproportionate foetus with distended abdomen that fluctuated on pressure and wedged in the pelvic inlet.

Treatment and Discussion

Attempts made to relieve the foetus by traction were unsuccessful due to the distended abdomen. Hence fetal abdomen was punctured with the help of sharp obstetrical Knife and approximately seven litres of ascetic fluids was drained out. With proper lubrication the foetus (Fig. 1) was removed with gentle traction. Consequently, one live and healthy male kid (Fig. 2) was removed. The dam was treated initially with injections of enrofloxacin @ 5mg/Kg bodt weight, meloxicam @ 0.1 mg/Kg, Oxytocin @ 10 IU intramuscularly and Ofloxacin as intrauterine bolus . Antibiotic and anti inflammatory were continued for four days leading to uneventful recovery.

Foetal dystocia are numerous and often due to postural abnormalities. Foetal anasarca is more common in bovines but rare in other domestic animals (Velankar and Deopukar, 1994). The cause is not definitely known but is usually circulation result of a disturbance of liquid exchange and may be of placental origin and often associated with edematous fetal membranes. Moreover the obstruction of the lymphatic may prevent the disposal of peritoneal fluid and lead to fetal ascities (Sloss and Dufty, 1986) Roberts (2004) reported that foetal anasarca may develop in a single foetus or one of the twins and associated with achondroplasia or bull dog calves and was due to simple autosomal recessive gene. (Long, 1996). Usually the affected foetus is carried to full term and there is lack of progress in second stage labour, which is due to increase in foetal size caused by excess of fluid in subcutaneous tissue and distended abdomen. Fetal life could be sacrificed because it would fail to survive if delivered alive. Large anacercous foetus was removed by force extraction and too large foetus removed by fetotomy procedures like amputation of fore limbs and evisceration or by caesarean section (Roberts, 1971). The antenatal diagnosis of most of the commonly occurring fetal complications of gestation is partly possible with ultrasonography and such pregnancies should be carefully monitored or terminated (Laiju *et al.*, 2012 Usually the pregnancy is maintained full term in case of fetal anasarca alone. In the present case, the presence of normal fetus would have helped in securing the pregnancy even though it combines with the ascities condition.

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Fig. 1 Anasarca fetus



Fig. 2 Healthy fetus