

DYSTOCIA IN DROMEDARY CAMEL AND ITS CORRECTION BY SUBCUTANEOUS FETOTOMY

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Abstract: A case of dystocia in dromedary camel due to deviation of fetus neck with anterior presentation of fetus was reported. Dead fetus was removed by partial subcutaneous fetotomy.

Keywords: Anterior presentation; Dystocia; Dromedary camel; Subcutaneous fetotomy.

Introduction

Dystocia causes great losses to the farmer as it compromises the animal's future production and reproduction. Most neonatal deaths occur during birth or shortly thereafter. Adequate obstetrical management and monitoring for early sign of distress are closely linked with the chances of survival of the newborn and the productive and reproductive future of the dam (Tibary *et al.*, 2008). Obstetrical problems are an emergency in camelids, due to the relatively explosive and short duration of stages of parturition (Tibary *et al.*, 2008). Aboul-Fadle *et al.* (1990) estimated the prevalence of dystocia as 9% in camel while Tibary *et al.* (2008) estimated that approximately 5% of all camelid births will require some assistance and nearly 2% will require advanced obstetrical expertise. Dystocia in camel may be due to maternal or fetal cause, the maternal cause (21.43%) of dystocia for camelidae include uterine torsion, pelvic immaturity, uterine inertia and cervical dialation failure, whereas the fetal causes (78.57%) includes fetal malpostures and rarely fetal monsters like Schistosomareflexus and perosomuselumbis (Purohit, 2012). Among fetal cause limb flexion and lateral deviation of head and neck in anterior presentation were the commonest causes comprising 54.54% and 36.36% of total cases of dystocia of fetal origin (Purohit *et al.*, 2011). Other anamolies that

may complicate delivery include fetal anasarca and fetal death and gas production during decomposition (Tibary, 2003).

The present report highlights about a dystocia in dromedary camel with flexion of neck in anterior presentation and its successful relieving by partial per vaginal subcutaneous fetotomy.

Case history and management

A camel (of about 7yrs. age and in second parity) was presented to Veterinary Hospital at CVAS Bikaner, Rajasthan with the history that the animal has completed her gestation period and was straining since few hour. On clinical examination the water bag was found ruptured and a dead fetus was in anterior longitudinal presentation with forelimb within approach in vagina but head was deviated laterally to the left slightly within approach but unable to deliver due to deviation of neck (Fig. 1). The condition of the camel was dull, depressed, anxious and exhausted. Elevation in the rectal temperature was also recorded. The inner surface of birth canal was inflamed. Partial subcutaneous fetotomy was planned (Fig. 2). In subcutaneous fetotomy, a part of the fetus is dissected out from within its skin, thus reducing fetal bulk and allowing delivery of the remainder through the birth canal. In this case the both forelegs were dissected out. The leg which was to be removed, snared around the pastern and sustained traction applied to it by one assistant. The obstetrician made a small incision with a scalpel into the skin in front of the fetlock joint. On to this nick a longitudinal incision was made from the scapular cartilage and skinning of the leg done by fingers (the separation of the skin from the muscle). The fetlock joint was disarticulate so that the digit was left connected to the detached skin. A snare was then attached to the cannon bone, and the denuded forelimb is avulsed by forcible traction. The same procedure was applied to another forelimb and remaining fetus was delivered via traction after correction of neck deviation.

Placenta was not shed. As a post operational treatment, the animal was administered with Calcium Borogluconate (InjCalborol 450 ml IV slow), 3Ltof Ringers Lactate IV, 7Ltof Normal Saline IV, Oxytocin (InjZygon 30 IU IM) and Ceftriaxone 6 gm IV. Intrauterine antibiotics were also administered simultaneously to combat any possible future uterine infection. Subsequent to fetal delivery animal stopped straining and was in good condition. The antibiotic treatment lasted for 5 days. The animal recovered uneventfully.

Discussion

The exceptionally long neck and fetal extremities predispose to flexion of these as a common cause of dystocia. Several researchers indicated that manual correction of dystocia is more

successful when cases are presented within 12 hours (Anwar and Purohit,2012). Fetotomy using standard bovine techniques can be used in camel dystocia cases where the fetus is known to be dead and the uterus is readily accessible (Jackson, 1995). In the present case the fetus could be delivered by gentle traction if head was not deviated from the normal posture. Death of fetus might have occurred due to aspiration of fluid due to rupture of the waterbag. It was concluded that if vaginal dialation is proper in dystocia with deviation of head, the fetus can be removed by fetotomy and traction only after the correction of neck deviation.

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(Fig. 1)



(Fig. 2)