

## **Surgical Management of Dystocia due to Foetal Anasarca in a Black Bengal Doe**

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**Abstract:** A full term, primiparous Black Bengal doe was presented with dystocia due to foetal over size. It was surgically retrieved along with other live kid. The dystocia was due to 1<sup>st</sup> foetus affected by anasarca which was dead and struck in the birth canal.

**Keywords:** Black Bengal doe, foetal anasarca, caesarean operation

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### **INTRODUCTION**

Anasarca is generalised oedematous condition of body less commonly reported in small ruminants[1]. Anasarca may develop in single foetus or one of twin foetuses [2] which may be associated with achondroplasia as well as dropsy of placental membranes and was due to autosomal recessive gene. An undue proportion of anasarca foetuses are presented posteriorly and enormous swelling of presenting limbs is very conspicuous [3]. Such foetuses can be removed by forced traction [1] and in severe cases by caesarean section [4]. The present report describes a case of dystocia due to foetal anasarca in a black Bengal Doe which was relieved by performing caesarean operation.

### **CASE HISTORY AND CLINICAL OBSERVATION**

A primiparous, full term Black Bengal doe of 1.5 years age was presented in the clinic with history of straining and inability to deliver kid even after 3hrs of 1<sup>st</sup> water bag rupture. Clinically the goat was dull with normal body temperature but mild tachycardia and tachypnoea recorded. The abdomen was distended moderately. Per vaginal examination revealed ruptured allantoic membrane with mild bleeding, completely dilated cervix and a bloaty / emphysematous foetus struck in the birth canal.

### **TREATMENT AND DISCUSSION**

The animal administered epidural anaesthetisea (2ml of 2% lignocaine hydrochloride lumbosacrally). After thorough cleaning and disinfection of perineal region, the birth canal was lubricated by using chlorhexidine gluconate gel. Per vaginal examination revealed a dead, over sized foetus in posterior presentation. Forced traction was applied to relieve the condition manually but in vain. Hence, it was decided to perform caesarean section. The mid ventral abdominal region was aseptically prepared. Doe was restrained in supine position and local analgesia was brought about by 2% lignocaine hydrochloride. By caesarean operation, an anasarca foetus and a live kid were retrieved. Whole viscera were irrigated with normal saline and 2 furea boli were inserted in uterus then closed with no. 1 chromic catgut in double inversion manner. Metronidazole and Oxytetracyclin liquid were poured in peritoneum and muscles and skin were closed routinely. There is great increase in first foetal volume due to excessive accumulation of fluid in sub cutaneous tissues (Fig 1) and the normal features of the head were masked due to excessive swelling (Fig 2). It was administered 500ml Ringer lactate i.v, 500 mg Ceftriaxone, 5ml Meloxicam i.m, 4ml B - Complex i.m, 2ml Etamsylate i.m and 1ml Tetanus Toxoid s/c. Except last two all were repeated for next 5 days. Sutures removed on 10<sup>th</sup> post operative day.



**Fig 1: Retrieved foetus with anasarca.**



**Fig 2: Swollen foetal head masking the gross features.**

Twinning in primiparous does is a common cause of dystocia [1] of which one or both foetuses may be affected with anasarca [2]. In the present case the 1<sup>st</sup> foetus was affected with anasarca leading to dystocia. Moderate hydrallantois was also observed but that may not be a cause of dystocia. Philip et al, [2] reported foetal anasarca with hydrallantois which were relieved surgically. The kid was retrieved surgically as manual manoeuvre was failed. Severe and neglected cases require either foetotomy or Caesarean section [4]. Good post operative measures made the case successful.

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