

DYSTOCIA DUE TO *SCHISTOSOMUS REFLEXUS* IN A COW - A CASE REPORT

Schistosomus reflexus is seen most commonly in cattle as anomalies of the trunk of the foetus causing dystocia in cattle (Roberts, 1971). Perusal of available literature revealed a few reports on the occurrence of *Schistosomus reflexus* in bovines in India (Rao *et al.*, 1993; Jana and Ghosh, 2001). Hence, the present communication reports a case of dystocia due to *Schistosomus reflexus* in a crossbred cow.

A primiparous full term pregnant crossbred cow was brought to the Veterinary College and Research Institute Hospital, Namakkal with a history of difficulty in parturition for the past 24 h. The case was attended by a local veterinarian and following decapitation, he was unable to deliver the foetus. The animal was dull and depressed and was in lateral recumbency. Severe oedema of the vulva was noticed. Per vaginum examination revealed fully dilated cervix and dry and oedematous vaginal passage. Protrusion of the foetal abdominal contents was noticed through vulva. Examination of the foetus indicated the presence of all the four limbs in the vaginal passage. The case was diagnosed as foetal monster due to *Schistosomus reflexus* (Fig. 1). The lubrication of birth passage was done by liberal application of the obstetrical gel. Mutation operation was performed but it was unsuccessful. It was decided to perform the foetotomy following epidural anaesthesia with 2 per cent

Lignocaine hydrochloride. By using Thygeson's wire saw embryotome, the fore limbs were amputated at the level of elbow joints and the left hind limb was amputated at the level of stifle joint. Then repulsion was done on the foetus to convert it into posterior presentation. By traction on the foetal pelvis and right hind limbs, female foetus was delivered along with its exposed viscera (Fig.2). Following foetal delivery, the dam was administered with antibiotics, intravenous fluids and anti-inflammatory drugs for three days. Uneventful recovery of the dam was noticed.

In this case, attempts to relieve the foetus by correction of foetal posture were not successful because of the severe ankylosis of the limbs joints, oedema of the birth passage and loss of foetal fluid. Similar finding was reported in a buffalo by Honparkhe *et al.* (2009). Since mutation operation was not helpful, foetotomy was performed as per standard procedure. Gross examination of the foetus revealed marked ventral curvature of the spine. The body and chest walls were stretched. Although the foetus had full growth, the skin, musculature and peritoneum over the viscera behind the sternum were absent. The diaphragm attachment was incomplete. The lung was small and liver was enlarged. The rumen distended with fluid. The fore limbs and one of the hind limbs which were removed by foetotomy were ankylosed. Similar findings were reported by Roberts (1971) and Jana and



Fig. 1. Cow with exposed foetus



Fig. 2. Foetus with exposed viscera



Ghosh (2001) in cattle. The exact cause of such type of dystocia is still unknown. It could have occurred due to the teratogenic predisposition. The possibility of genetic predisposition can not 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).

Summary

A successful handling of dystocia due to *Schistosomus reflexus* by partial foetotomy in a cow is reported.

References

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