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PER VAGINAL DELIVERY OF A DERODYMUS DICEPHALUS MONOSTER FETUS IN MURRAH BUFFALO - A CASE REPORT

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ABSTRACT

A case of dystocia due to derodymus dicephalus monster fetus in a Murrah buffalo and it’s per vaginal delivery through slight mutation without any post partum complication is described here.

Keywords: Bubalus bubalis, buffalo, dystocia, derodymus, dicephalus, Murrah buffalo

INTRODUCTION

Fetal monostrosities are common fetal cause of dystocia in animals (Sharma, 2006). Duplication of body parts can occur at both cranial and caudal region; however the duplication of cranial part is more common than caudal part (Roberts, 1971). Fetal anomalies and monostrosities have been recorded in cattle but incidences in buffalo are rare (Bugalia et al., 2001). Dicephalus is the malformation of head resulting from incomplete twinning (Jenkins and Hardy, 1968) in human and animals. This communication presents a case of dicephalus monster and its successful management in a Murrah buffalo.

CASE HISTORY AND OBSERVATIONS

A Murrah buffalo at full term, in its second parity was presented to TVCC, LUVAS, Hisar, with a history of dystocia since 10 h. Traction has been applied at field level without fetal delivery. Per vaginal examination revealed a fully dilated cervix and the fetus was in anterior longitudinal presentation, dorso-sacral position with extended forelimbs in passage. Fetal reflexes and movements were absent. Repulsion and careful vaginal examination revealed the presence of two heads with normal thorax suggestive of a dicephalus monster.

TREATMENT AND DISCUSSION

Following epidural anesthesia 5 ml lignocaine HCl (2%), birth passage was well lubricated using sodium carboxymethyl cellulose gel. Two obstetrical eye hooks were applied on single eye of each duplicated head and traction applied alternately on each hook drawing the head in passage. Simultaneously obstetrical snares were applied on the forelimbs. With controlled traction dicephalus monster was delivered. Gross examination of fetus revealed fully developed fetus with two head, (Figure A and B) two necks

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separated at thoracic vertebrae. Each head have two eyes and two ears. On post mortem examination there were two tracheas and two esophagi while the organ of thoracic, abdominal and urogenital system appeared normal. These observations revealed that the fetus was a derodymus dicephalus monster (Camon et al., 1992). Routine antibiotics and supportive treatment were carried out following delivery of fetus.

Various types of dicephalus monster have been recorded, which is a condition of embryonic duplication that involves the head with or without involvement of the neck (Pandey et al., 2010). It has been observed that such condition could be resolved through fetotomy or caesarian section, however in the present case the dicephalus fetus was delivered per vaginum with slight mutation as reported by Chandrahasan et al. (2003).

REFERENCES


