

EXTRACTION OF DICEPHALUS-DITHORACO-DISTERNOPAGUS- TETRABRACHIUS- TETRAPUS-DICAUDATUS MONSTER IN BUFFALO-FETOTOMY: A CASE REPORT

**Akhil Patel*, Atul Saxena, Sanjay Singh Yadav, Dushyant Yadav,
Jitendra Kumar Agrawal and Anuj Kumar**

ABSTRACT

A Successful delievery of dicephalus-dithoraco-disternopagus- tetrabrachius-tetrapus-dicaudatus monster through fetotomy was done.

Keywords: conjoint monster, congenital defect, dystocia, fetotomy, Murrah buffalo

INTRODUCTION

Dystocia due to conjoined twin monster is uncommon (Dhami *et al.*, 2000; Hannappagol *et al.*, 2005). These twins have been reported to result from a single ovum and are monozygotic (Bowen, 1966). Its occurrence is very low, one in 10,000 bovines at birth (Hancock, 1954; Arthur, 1956). A monster is a malformed fetus. Monstrosity is a disturbance of the development that involves sexual organs and causes great distortion of the individual (Vegad, 2007). Monstrosities are associated with either infectious disease or congenital defects (Arthur *et al.*, 2001) and may or may not interfere with birth. Abnormal duplication of the germinal area in the embryo will give rise to congenital fetal abnormalities with partial duplication of body structures. Duplication of the cranial portion of the fetus is more common than that of the caudal

portion (Robert, 2004). Fetotomy offers a good alternative to the caesarean for relieving a fetal monster causing dystocia (Vermunt, 2009). In the present study, a fetal monster was relieved by fetotomy.

CASE HISTORY AND CLINICAL EXAMINATION

A pluriparus she Murrah buffalo was presented to Teaching Veterinary Clinical Complex, Mathura University, with history of complete gestation, in second stage of parturition with two forelimbs, head and neck hanging from vulva. Buffalo was straining since last 16 hours but without any further progress. Veterinary aid provided locally did not facilitate vaginal delivery. Clinical examination revealed an increase in respiration and pulse rate with normal rectal temperature. Obstetrical examination revealed fully dilated cervix. Further examination confirmed presence of six more limbs and one extra head, neck and thorax. Fetus was in anterior longitudinal presentation and dorso-sacral position. On the basis of obstetrical examination it was diagnosed as a case of fetal monster.

Department of Obstetrics and Gynaecology, College of Veterinary Science and Animal Husbandry, U.P.Pt. Deen Dayal Upadhyay Pasu Chikitsa Vigyan Vishwavidyalaya evam Go Anusandhan Sansthan (DUVASU), Mathura, India, *E-mail: dr.akhil.patel87@gmail.com

TREATMENTS AND DISCUSSION

The animal was restrained in lateral recumbency following low epidural anaesthesia with 2% of lignocaine hydrochloride. Both fore limbs and trunk of fetus engaged in birth canal was amputated by Thygeson's fetotome at the level of maximum reach (i.e. lumber region) and taken out. Other head and forelimbs which were deviated downwardly and flexed were extended using obstetrical manouvours and applying long

handle eye hook. Force traction was applied on both extended fore limbs by obstetrical chain and on head by two long handle eye hook after proper lubrication and guarding the amputated portion leads to delivery of dead fetus.

The monster was having eight limbs (four each fore limbs & hind limbs), two thorax, two head and neck, common pelvis, two tails and two vaginal openings. It was two complete fetus joined from the pelvis. Such monster was named as dicephalus-dithoraco-disternopagus-tetrabrachius-



Figure 1. Amputated part of the fetal monster showing the site of amputation.

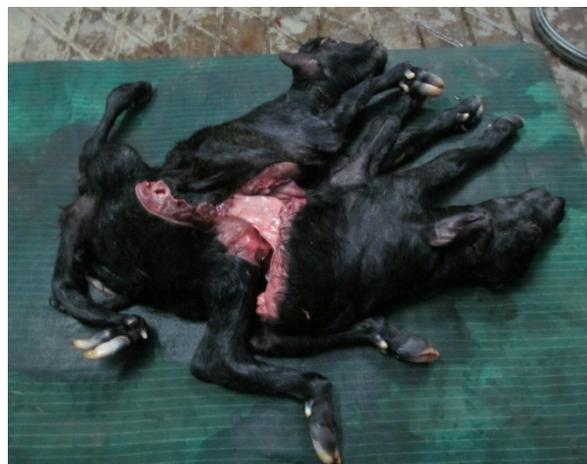


Figure 2. Reconstruction of the fetal monster showing detail of the appendages.

tetrapus-dicaudatus monster. (Figure 1 and Figure 2).

Dicephalus monsters have been reported in buffaloes (Chauhan and Verma, 1995; Raju *et al.*, 2000; Bugalia *et al.*, 2001; Srivastva *et al.*, 2008) cows (Rao, *et al.*, 2011; Patil *et al.*, 2004; Abrahan *et al.*, 2007) and goats (Pandit *et al.*, 1994). Thoracopagus sternopagus conjoint twin has been reported in a Marathwadi buffalo (Patil *et al.*, 2009) and dicephalus sternopagus tetrabrachius tetrapus dicaudatus Monster in a Murrah buffalo (Singh *et al.*, 2013). Majority of literature reviewed for this study revealed delivery of monster through C-section. The present case is perhaps the first of its kind that delivered adopting fetotomy technique in buffaloes. The technique is safer and less time consuming, it can be used successfully as an alternative to the caesarean operation which seems expensive.

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