

CLINICO-THERAPEUTIC MANAGEMENT OF DYSTOCIA DUE TO
ASCITES FETUS IN A MURRAH BUFFALOSudhir Kumar^{1,*}, Utsav Sharma¹, Sharad Kumar² and Rajindra Kumar Bhardwaj³

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ABSTRACT

Dystocia due to dropsical condition of fetus may occur in buffalo. In the present case we report and discuss a case of dystocia due to fetal ascites in Murrah buffalo and its successful vaginal delivery by incising the fetal abdomen and removing the fluid.

Keywords: *Bubalus bubalis*, buffaloes, dystocia, foetal ascites, vaginal delivery, management

condition of fetus like hydrothorax, hydrocephalus, anasarca, and ascites (Purohit *et al.*, 2012). Though, ascites fetus as a cause of dystocia in buffalo is uncommon (Luthra *et al.*, 2001). Roberts (1971); Honparkhe *et al.* (2003) reported the association of fetal ascites with dropsical condition of the uterus, mesotheliomas of the fetal abdomen and brucellosis. The present paper puts on record a case of fetal ascites in a Murrah buffalo delivered through incision of fetal abdomen and removing the fluid.

INTRODUCTION

Foetal ascites is observed as an infrequent cause of dystocia in various species but this occurs most frequently in the cow (Roberts, 1971). Disproportion in fetus and maternal pelvis and faulty fetal dispositions have been seen as commonest cause of dystocia in case of buffalo. Dystocia may also occur owing to the dropsical

CASE HISTORY AND OBSERVATIONS

A five-year-old Murrah buffalo in her first parity was presented in Teaching Veterinary Clinical Complex, Faculty of Veterinary Sciences and Animal Husbandry, Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu, Ranbir Singh Pora, Jammu, with the complaint of prolonged second stage labor

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Figure 1. Buffalo fetus with ascites.

and the said buffalo was straining since last 14 to 16 h. The vulva was inflamed and swollen as the case was earlier handled by local paravet. Vaginal examination revealed that the cervix was dilated with fetus in anterior longitudinal presentation, dorso public position having both fore limbs along with head was in birth canal and the fetus was dead. Detailed examination of the fetus revealed that fetal abdomen was markedly distended with fluid and enlarged abdomen was fluctuating on pressure and the case was diagnosed as dystocia due to fetal ascites.

TREATMENT AND DISCUSSION

An epidural anesthesia with 6 ml of 2% lignocaine was given to the buffalo for the prevention of excessive straining. The birth passage was lubricated sufficiently with 2% carboxy methyl

cellulose solution. A concealed knife was inserted per vaginam to incise the fetal abdomen. After giving incision on fetal abdomen about 20 liters of brown colored fluid mixed with blood was drawn out. Repulsion of fetal and adjustment to correct parturition position and posture was done to bring out the dead fetus (Figure 1). Fetal membrane was also taken out by gentle pulling and rolling it on the hand. The fetus size was comparatively smaller. However abnormal drainage or blockages of lymphatic can also aggravate the problem. The uterus was lavaged with Potassium permanganate (1:1000) solution, 5% DNS (5000 ml) and NSS (5000 ml) was infused intravenously. Buffalo was administered Inj. Enrofloxacin 5 mg/kg body wt. and Inj. Meloxicam 0.5 mg/kg body wt. for five days. The buffalo recovered uneventfully following intravenous fluid and antibiotic therapy.

Noakes *et al.* (2009) stated that ascites may be due to hepatic lesions, general venous

congestion, or urinary obstruction with or without rupture of bladder. Ascites of the fetus may occur due to an anomaly in development leading to obstruction on the lymphatics and thus prevents the disposal of peritoneal fluid that may be linked with diminished urinary excretion of water (Jubb and Kennedy, 1970). Also, placental dysfunction consequent to incompatibility of dam and fetus may predispose to fetal dropsy.

In present case fetus ascites condition may be due to the overproduction or insufficient drainage of peritoneal fluid which caused dystocia as a result of increase in abdominal diameter. Sloss and Duffy (1980) also reported that ascites can be due to the overproduction or inadequate peritoneal fluid drainage and obstruction of the lymphatics for a variety of reasons may prevent the removal of peritoneal fluid. Similar approaches to the present case for fetal delivery have been recorded in earlier studies (Selvaraju *et al.*, 2009; Sagar *et al.*, 2010; Anusha and Krishna, 2017).

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