

DYSTOCIA DUE TO FETAL ASCITES IN A NON-DESCRIPT BUFFALO: A CASE REPORT

K. Anusha^{1,*} and K. Mouli Krishna²**ABSTRACT**

A case of dystocia due to fetal ascites in a non-descript buffalo and its successful pervaginal delivery through puncture of fetal abdomen is reported and discussed.

Keywords: buffalo, *Bubalus bubalis*, dystocia, fetal ascites, abdomen

INTRODUCTION

Ascites (“water belly”) is the dropsy of peritoneum. There are several types of fetal dropsy viz., hydrocephalus, hydro thorax, ascites, anasarca (Noakes *et al.*, 2009). These cause dystocia due to increased diameter of the fetus. Dystocia due to fetal ascites have been reported as an occasional cause in many species but occurs more frequently in cows. Fetal ascites causing dystocia was reported in indigenous cows (Hoparkhe *et al.*, 2003) and buffaloes (Sagar *et al.*, 2010). The present paper puts on record a case of fetal ascites in a non-descript buffalo delivered through puncture of fetal abdomen.

CASE HISTORY AND OBSERVATIONS

A non-descript buffalo was presented to the college hospital with a complaint of prolonged second stage labour and the animal was straining for the last 12 h. Both the hindlimbs and tail were hanging out of the birth canal with no progress in parturition process. On per-vaginal examination it was found that the vaginal mucous membranes were hyperemic, dry and edematous and the birth passage was fully dilated. The fetus is in posterior longitudinal presentation, Dorso-pubic position with hind limbs extended through birth passage. The fetal abdomen was enlarged fluctuating on pressure.

TREATMENT AND DISCUSSION

The fetal abdomen was punctured with a BP blade and large quantities of reddish brown tinged fluid was drained out under gentle pressure on the abdomen. The dead fetus was removed by applying simple traction after correcting its position to dorso-sacral by rotation on its longitudinal axis (Figure 1). The post obstetrical treatment included treatment with antibiotics, non steroidal anti inflammatory drugs for 5 days.

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Srinivas *et al.* (2007) reported an incidence of dystocia due to fetal ascites is 6.9% (4/13) out of an overall incidence of 22.41% (13/58) due to fetal oversize. The causes for fetal ascites are not definitely known but are usually ascribed to derangement of fetal circulation. It may also be hereditary or due to uterine disease (Sane *et al.*, 1994). Other causes may be overproduction or insufficient removal of peritoneal fluid, renal retention of salt and water due to renal disease.

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Figure 1. Fetal ascites.