DYSTOCIA DUE TO SIMULTANEOUS PRESENTATION OF TWINS IN NILI RAVI BUFFALO

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ABSTRACT

A Nili Ravi buffalo distress with dystocia due to simultaneous engagement of twins (two male) cause impaction of maternal pelvis. Both foetuses delivered live through obstetrical manoeuvres per-vaginal.

Keywords: Nili Ravi, buffaloes, dystocia, twin fetus, fetal maldisposition

INTRODUCTION

Twin and triplet births are common in sheep and goats, but multiple births occur less frequently in uniparous species such as cattle, buffalo and horses (Josson, 2009).The incidence of twinning is very high (60 to 70%) in sheep and goat, whereas low in dairy cattle (3.5%), in beef breeds (<1%) and mare (1 to 2%) (Hafez, 2008). The dairy cattle are considered to experience a higher frequency of dystocia than those of beef cattle due to twin fetus which ranges from 2.5 to 5.8% (Rutledge, 1975). The incidence of dystocia due to conjoint twin has been reported to be higher than that of individual twin (Robert, 1971; Bugalia *et al.*, 1990). Dystocia due to twinning in buffalo is scant in literature and present case report put on record about a rare case of simultaneous presentation of twins leads to dystocia in Nili Ravi buffalo.

CASE HISTORY AND CLINICAL OBSERVATIONS

A case of 10 years old multiparous Nili Ravi buffalo of 3rd parity was referred with history of full gestation associated with labour pain, 18 h before presenting to the Teaching Veterinary Clinical Complex, DUVASU Mathura. The general condition of animal was good. Udder engorgement and relaxation of sacro-sciatic ligament were evident. On per vaginal examination revealed dilated birth canal, intact water bag with two live fetuses in which one fetus was in posterior presentation with dorsal position and second one in anterior presentation with dorsal position and deviated head along with shoulder flexion posture. The case was diagnosed as dystocia due to simultaneous engagement of two live twin and maldisposition.

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TREATMENT AND DISCUSSION

The buffalo was restrained in lateral recumbancy. The fetus which was in posterior presentation attempted first and taken out by applying force traction over both extended hind limbs. Then second fetus which was in anterior presentation had been attempted, flexed shoulder and deviated head was corrected. Thereafter three point traction involving both forelimbs and head live fetus was taken out. Both fetuses were male and live (Figure 1) but after 20 minutes the first fetus which was in posterior presentation was died. The buffalo was treated with parenteral administration of antibiotics inj. Ceftrioxone+Tazobactum 4.5 gm I/M, analgesics inj Meloxicam 15 ml by I/M, Inj Anistamine 15 ml I/M for 3 day, inj. DNS (5%) 5 liters infused intravenously after removal of fetus Inj. Calcium borogluconate 450 ml (300 ml slow I.V. and 150 ml S.C.) was given only once on first day. In the treatment of twin dystocia, the first essential is to determine which fetal appendages are presented and its relationship to each of the foetuses (Noakes, 2001). The twins were assumed to be dizygotic (Johanson *et al.*, 2001). Dizygotic are the most common type of twin, may be of the same or different sex and are more than two-thirds of live twin at births. This type of twining arises due to fertilization of two ova by two separate sperms. After scanning the literatures it was confirmed that the in present case twin foetuses extracted were dizygotic in nature.

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Figure 1. Nili Ravi buffalo along with twins male delivered foetuses.

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