

Surgical management of a protracted case of dystocia in ewe: a case report

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Abstract

A protracted case of dystocia in a ewe was managed successfully by laparohysterotomy and observed fetus is with putrefactive changes. After proper postoperative care the ewe was recovered uneventfully without any complications.

Key words: Dystocia; protracted case; caesarean section; ewe

Introduction

Dystocia or difficulty in birth is an important factor in perinatal death of dams and new borns because of damage to the birth canal and use of excessive traction forces (Scott, 2005). Generally, dystocia may be of fetal or maternal origin. Fetal causes include oversize, malposition and monsters. Maternal dystocia may be due to ring womb, narrow pelvis and uterine inertia (Noakes et al., 2009). Several procedures can be adopted for the treatment of dystocia in ewes that include medical management, correction of fetal malposition with traction, caesarean section etc (Arthur et al., 1996). This paper communicates surgical management of a protracted case of dystocia in a ewe.

History and Clinical Signs

A three year old ewe was presented to the Department of Veterinary Surgery and Radiology, College of Veterinary Science, Proddatur with a history of dystocia since ten days with loss of fetal fluids and owner also reported that it was given a normal birth to a kid ten days back. On clinical examination, the ewe was dull and birth canal was dry with closed cervix. As an emergency, caesarean section was planned immediately.

Treatment and Discussion

The animal was resuscitated by administering the Ringers lactate 2 liters intravenously and preemptive analgesia was achieved by giving Meloxicam-2ml. The ventral abdomen was prepared for aseptic surgery and the animal was controlled in right lateral recumbency. Local analgesia was achieved by infiltration of 2% lignocaine hydrochloride to the effect at the incision site. Through mid left paramedian incision, the gravid uterus was exposed by following standard procedures. A nick incision was made on the gravid uterus at a least vascular area and extended it towards cornual end. A dead foetus was delivered from uterus and was thoroughly irrigated with normal saline as pus discharge was observed (Fig: 1). The uterine incision was closed by cushing sutures followed by lembert's pattern suture using chromic catgut no.1 (Fig: 2).

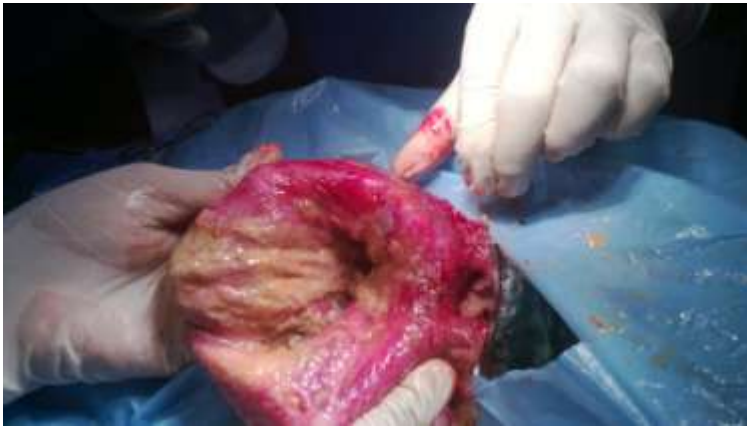


Fig: 1. pus in the uterus indicative of putrefactive changes of fetus



Fig: 2. Closure of uterine incision by double inversion pattern.

The abdominal wound was closed in routine manner after thorough irrigation with normal saline. The fetus was about to putrify and complete resorption of both the eye balls was observed (Fig:3).



Fig:3. Dead fetus with complete resorption of eye balls due to putrification.

Postoperatively, the animal was treated with Metronidazole 100 ml daily for 3 days, Intamox-1g and Meloxicam-2 ml for 5 days after following antiseptic dressing with povidone iodine ointment. Skin sutures were removed on 10th postoperative day and the animal recovered uneventfully without any complications.

The most common indications for caesarean section in the ewe are failure of the cervix to dilate and relative or absolute oversize of the fetus, emphysema and monsters (Roberts, 1986). In the present case the definitive etiology is unknown and as an emergency to save the life of the ewe we planned for caesarean section after resuscitation with fluid therapy.

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