SUCCESSFUL MANAGEMENT OF DYSTOCIA DUE TO DEAD EMPHYSEMATOUS FETUS BY COMPLETE FETOTOMY IN A HF CROSS BRED COW

T. Sarath, R. Sureshkumar, B. S. Pradeep Nag, N. Arunmozhi, D. Gopikrishnan and S. Balasubramanian

Resident Veterinary Services Section
Madras Veterinary College, Chennai-600007
Tamil Nadu Veterinary and Animal Sciences Universit

ABSTRACT

Foetotomy (Embryotomy) is sectioning of a foetus into two or more parts with in uterus and vagina in order to reduce the size such that delivery through the birth canal becomes possible (Noakes et al., 2009). A full term crossbred HF cow on its third calving was presented to Resident Veterinary Service Section, Madras Veterinary College Teaching Hospital, Chennai with the history of foetal head outside from the vulva and was unable to deliver since 8 hours. On examination rectal temperature was 102°F and all other vital parameters were within normal physiological range. Examination of genital tract revealed the birth passage was edematous and the foetus was dead and emphysematous. The presentation, position and posture were anterior longitudinal, dorso sacral and bilateral shoulder flexion respectively. The condition was diagnosed as dystocia due to dead emphysematous fetus with bilateral shoulder flexion. Manipulative vaginal delivery was ruled out because of constricted birth canal and foetotomy was decided for vaginal delivery as the foetus was dead. The foetus was cut into five parts viz. decapitation, disarticulation of both fore limbs at scapular region, detruncation and even- traction. Foetus was delivered without pelvic bisection. Animal was treated with antibiotic Inj.ampicillin- cloxaxillin 10mg/kg B.W., Inj. Meloxicam @ 0.5mg/kg B.W., antihistamine Inj. Chlorphenaramine maleate 10ml for 5 days. Animal had an uneventful recovery. In the present case, pervaginal delivery was made by fetotomy approach and it will be discussed in detail.

Keywords: Dystocia, Dead Emphysematous Fetus, Complete Fetotomy, Hf Cross Bred Cow

Introduction

Fetal emphysema is a frequent complication of parturition and a primary cause of dystocia in farm animals (Arthur et al., 2001). There is putrefaction characterized by formation of gases in the subcutaneous tissue within 24-72 h subsequent to the death of the foetus and the foetus becomes soft, decomposed and distended with gases (Sane et al., 1994). Foetotomy (Embryotomy) is sectioning of a foetus into two or more parts with in uterus and vagina in order to reduce the size such that delivery through the birth canal becomes possible (Arthur et al., 2001). The present communication describes a case of dystocia due to enlarged fetus having bilateral shoulder flexion further complicated by fetal emphysema in a HF crossbred cow.

Materials and methods

A full term crossbred HF cow on its third calving was presented to Resident Veterinary Service Section, Madras Veterinary College Teaching Hospital, Chennai, with the history of foetal head outside from the vulva and was unable to deliver since 8 hours. On examination rectal temperature was 102°F and all other vital parameters were within normal physiological range. Examination of genital tract revealed the birth passage was edematous and the foetus was dead and emphysematous. The
presentation, position and posture were anterior longitudinal, dorso sacral and bilateral shoulder flexion, respectively. The condition was diagnosed as dystocia due to dead emphysematous fetus with bilateral shoulder flexion.

**Result and discussion**

Following low epidural anaesthesia (5 ml; 2% Lignocaine hydrochloride), animal was restrained in standing position. Birth canal was lubricated with ample quantity of liquid paraffin. Manipulative vaginal delivery was ruled out because of constricted birth canal and foetotomy was decided for vaginal delivery as the foetus was dead and decapitation results in increased space for manipulative delivery, but even after decapitation the space was not sufficient for complete delivery of the foetus. Hence, disarticulation of limbs at the shoulder region was carried out and one of the fore limb was removed. Following this detruncation and evisceration was carried out as per standard procedure. Foetus was delivered without pelvic bisection. Animal was treated with antibiotic Inj. ampicillin- cloxaillin 10mg/kg B.W., Inj. Meloxicam @ 0.5mg/kg B.W., antihistamine Inj. Chlorpheniramine maleate 10ml for 5 days. Animal had an uneventful recovery. As the foetus was dead and assessment of the birth canal suggested the foetotomy can lead to vaginal delivery, it was decided to avoid C-Section as it leads to compromise in production and fertility (Barkema et al., 1992).

**References**


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![Figure: Foetus after complete foetotomy](image_url)