HYDROALLANTOIS IN A NON-DESCRIPT BUFFALO: A CASE REPORT

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Hydrops of the allantois is a pathological condition affecting pregnant uterus characterized by a rapid accumulation of watery amber colored fluid inside the allantoic cavity over a period of 5 to 20 days in late gestation and is always giving suspicion for twin/triplet pregnancy (Morrow, 1986). Roberts (1971) stated that this dropsical condition usually affects both fetus and fetal membranes. Perusal of literature revealed that the report of hydroallantois in buffalo is rare. Hence, the present report is placed to record on early diagnosis and successful treatment of hydroallantois in a non-descript buffalo.

CASE HISTORY AND OBSERVATIONS

A non-descript buffalo on its 6th gestation was brought to the Veterinary College and Research Institute Hospital, Namakkal with the history of sudden bilateral distension of abdomen, anorexia and constipation progressing for the last one week. The animal was about 8 months pregnant and it was bred by artificial insemination. The general clinical examination of the animal showed body temperature of 37.8°C, respiration rate of 25/min., heart rate of 52/min., bilateral distension of abdomen and mucous coated dung. The vaginal examination revealed closed external os of cervix and patent vaginal passage. The rectal examination showed enlarged and fluid filled uterus with a difficulty in palpating the fetus and the fluid filled uterus was obliterating towards the pelvic brim. With the history, clinical observations, rectal and vaginal examinations, the case was confirmed as hydrops and it was decided to terminate the pregnancy.

TREATMENT AND DISCUSSION

The pregnancy was terminated with inj. Dinoprost tromethamine (50 mg, i/m) and inj. Dexamethasone (24 mg, i/m). Vaginal examination was carried out at 12 hours interval and at 48 hours of prostaglandin injection the cervix was fully dilated with intact fetal membranes. Rupture of the fetal membranes resulted in 80-90 litres of amber colored allantoic fluid gushing from the uterus which confirmed our diagnosis as a case of hydroallantois. By manual traction, a posteriorly presented dead female fetus was delivered. The placenta was edematous and leathery and fastly adhered to the caruncles. Some of the caruncles were hypertrophied and larger in size and few were small. Following fetal delivery inj. Calcium borogluconate (450 ml, i/v) and inj. Oxytocin (60 IU, slow i/v in intravenous fluids) were administered. The animal was treated with inj. Streptomycin (5 gm, i/m), inj. Analgin (20 ml, i/m), inj. DNS (3 liters, i/v) and inj. Chlorpheniramine maleate (225 mg, i/m). The antibiotic and antihistamine were continued for one week and the dam recovered uneventfully.

Hydroallantois could usually be associated with a diseased uterus in which most of the caruncles in one horn were not functional and atrophied and rest of the placentomes were enlarged, edematous and possibly diseased which led to formation of adventitious placenta (Roberts, 1971). Similar observations were noticed in the present case. In the present case the observations of the Roberts (1971) were confirmed by visualizing the tough and leathery placenta and the atrophied and hypertrophied caruncles while removing the fetus. The continuous postpartum care and treatment avoided the onset of septic metritis and resulted in early recovery of the animal.

REFERENCES
