and delivered after the release of ascetic fluid in this case which concurred to the findings of Roberts, (loc.cit) where the author reported that the affected fetus is usually dead or weak or would fail to survive if delivered alive. A liberal incision made through abdominal wall of fetus with castrating knife was the easiest method to release the ascetic fluid and deliver the fetus (Robert, loc.cit). But an application of a long obstetrical hook in the umbilicus was sufficient to release the ascetic fluid and deliver the fetus in the present case. The fetal ascites might be due to vascular disturbances in the uterus (Nanda et al., loc.cit) or obstruction of lymphatics in the circulation of peritoneal fluid (Sloss and Dufty, 1980) or cystic kidneys with diminished urinary excretion (Jubb and Kennedy, 1970) and or Brucells abortus infection (Robert, loc.cit). Fetal ascites in the present case might be due to vascular disturbances in the uterus by adventitious placenta.

Summary

Dystocia due to fetal ascites successfully delivered in a crossbred cow is reported.

References


Dystocia Due to Schistosomus Reflexus in a Jersey Crossbred Heifer


Department of Clinics, Veterinary College and Research Institute, Namakkal, Tamil Nadu 637 001

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Schistosomus reflexus is seen in the cow and occasionally in sheep, goat and pig. In cattle, it was recorded by Rai et al. (1975) and in buffaloes by Murthy et al. (1999). It is characterized by a marked ventral curvature of the spine so that the occiput of the head lies near the sacrum, body and chest wall bent laterally, exposed thoracic and abdominal viscera, deformity of pelvis, cystic abnormal shaped liver and ankylosed and rigid limbs (Roberts, 1982). Occasional cases are born normally without assistance and others may be extracted with moderate traction. Most of the affected fetus causes dystocia because of characteristic angulations of the spine that greatly increases the cross sectional diameter, although the body weight may be less than

*Corresponding author : Email : dkkrishkum1969@yahoo.co.in

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History and Observations

A three and half year old Jersey crossbred heifer was presented to the Veterinary College and Research Institute Teaching Hospital with the history of continuous labor pain, not able to deliver the fetus for the past 12 h. Attempts were made to deliver the fetus by a local veterinarian but failed. Per vaginal examination revealed fully dilated cervix and the fetus was in anterior presentation, dorso-sacral position with fore-limbs extended into the birth canal with mild ankylosis. Fetal movements and other reflexes were absent and the fetus was considered to be dead.

Careful examination of the fetus revealed that all the thoracic and abdominal organs were outside with markedly increased cross sectional diameter of fetus. The case was diagnosed as dystocia due to \textit{Schistosomus reflexus} and caesarean section was decided.

Treatment and Discussion

Caesarean section was performed under local infiltration analgesia with 2% lignocaine hydrochloride and the animal was restrained in right lateral recumbency. A ventro-lateral oblique laparo-hysterotomy was performed and Schistosoma fetus was removed by additional traction on limb snares. Complete exploration of uterus was done for presence of second fetus and uterine tear. The laparo-hysterotomy wound was closed as per the standard surgical technique. The dam recovered uneventfully after the post-obstetrical care with streptomycin 5.0 g, chlorpheniramine maleate 12 ml, meloxicam 15 ml and oxytocin 40 IU i/m and calcium borogluconate 350 ml i/v.

Examination of the Schistosoma dead fetus revealed all the visceral organs exposed and absence of complete integumental closure. There was a marked ventral curvature of the spine, chest and body wall stretched laterally with deformed pelvis and exposed abdominal organs. Although the organogenesis was complete, the skin, musculature and peritoneum over the viscera behind the xiphoid were absent. All the limbs were mildly ankylosed and the liver was abnormal in shape. The reasonable traction with adequate lubrication and expulsive efforts of the cow aided for smooth delivery of a very small sized fetus or conjoined twins (Rajani and Raghavan, 2010) in relation to maternal pelvis. In the present case, the dystocia was due to large size Schistosoma dead fetus and caesarian section was performed according to the recommendations of Arthur et al. (loc. cit) and Ozcan et al., (2003) where the authors opined that delivery per vaginum and fetotomy procedure was tedious and might cause damage to the birth canal by ankylosed extremities and exposed bones. The exact cause of \textit{Schistosomus reflexus} is still ambiguous. In the present case, it might be due to genetic or teratologic predisposition.
Management of Amitraz Resistant Cases of Canine Demodecosis by Ivermectin

M.K. Srivastava, Barkha Sharma, and Ashish Srivastava

Department of Veterinary Clinical Medicine, College of Veterinary Science and Animal Husbandry, Pandit Deen Dayal Upadhaya Veterinary University, Mathura 281 001, Uttar Pradesh

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Demodicosis in dogs is usually treated tropically with Amitraz, although the success rate of Amitraz therapy in canine demodicosis varies from 0 to 92% (Medlau and Willemse, 1995). Present study reports the therapeutic alternatives for dogs with generalized demodicosis that do not respond to Amitraz.

Case History and Observations

25 Dogs of both sexes and variable breeds, aged 1 to 2 years with visible skin lesions were examined in detail for the presence of Demodex canis infection. After obtaining a brief history, the suspected lesions were moistened with 10% KOH solution and scraped with scalpel till capillary bleeding occurred. The scraped materials were placed on the glass slides with a drop of 10% KOH solution. The scrapings were coverslipped and examined microscopically to detect Demodex mites and adult mites, eggs, nymphs and larvae (Soulsby, 1982). In localized dermatitis, small circumscribed patches of dermatitis were limited to 1-2 lesions over any part of the body while in cases of generalized demodicosis, numerous lesions with more extensive involvement of the skin and body were observed.

Treatment and Discussion

Treatment was started with topical application of Amitraz 0.05% (12.5% solution diluted with water in ratio of 4ml/l) along with Petween shampoo@ Petcare containing Benzoyl peroxide (Scott et al., 2001) having antiseborrhoeic property on weekly basis. To relieve itching, Chlorpheniramine maleate @ 0.5mg/kg bid i/m was used along with Enrofloxacin @ 5 mg/kg bid i/m for 15 days to prevent and control secondary bacterial pyoderma. After 2.5 months of topical therapy, there was appreciable improvement seen in the form of reduction of skin lesion, regrowth of lost hairs and decrease in the frequency

Corresponding author: Email: manubarkha@yahoo.com

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