DYSTOCIA DUE TO PEROSOMUS HORRIDUS MONSTER IN A NON-DESCRIBT DOE- A RARE CASE REPORT

1Balamurugan B*, 2Deepesh Gautam, 2Sasikala R, 1Ramamoorthy M and 2Sowbhryana C
1Division of Animal Reproduction, ICAR- Indian Veterinary Research Institute Bareilly-243122, Uttar Pradesh, India
2Division Surgery and Radiology, ICAR- Indian Veterinary Research Institute Bareilly-243122, Uttar Pradesh, India
E-mail: balavet07@gmail.com (*Corresponding Author)

Abstract: This study reports a case of Dystocia due to perosomus horridus monster and its successful management in nondescript doe goat. The case was successfully handled through cesarean section and removed a dead male monster kid. The animal was treated with broad spectrum antibiotic, Oxytocin and DNS solution. The animal was recovered uneventfully.

Keywords: Goat, Dysctocia, Monster, Management.

Introduction

Perosomus horridus is a fetal monster with general ankylosis and muscle contractures, characterized on external examination by a short spine due to marked double S-shaped lateral twisting of the vertebrae (Roberts, 1971). Nanda et al. (1987), Balasubramanian et al. (1995) and manokaran et al. (2016) reported the occurrence of this monster causing dystocia in buffalo, doe and ewe, respectively. In view of the find of the perosomus horridus monster in caprine, the present case is reported.

Case History and Clinical Observations

A three old nondescript doe weighing 22 kg was presented to the Referral Veterinary Polyclinic, I.V.R.I. (U.P.) with the history of completed full term gestation. The owner complained that the kidding signs started 8 hours before, the water bag ruptured 3 hours later but unable to deliver the kid. Vital parameters were taken and found to be within the normal ranges. The doe underwent general and obstetrical examination. Vaginal examination revealed a fully dilated cervix and presence of a dead fetus inside the uterus in anterior longitudinal presentation, dorso-sacral position and down ward deviation of head with both the limbs retained beneath the body. The fetal size was slightly larger. The fetal legs were ankylosed and were unable to manipulate per vaginum. Hence the presented case was tentatively diagnosed as dystocia due to fetal monster.
**Treatment and Discussion**

Considering the condition of the doe, it was decided to perform cesarean section to remove the kid. The cesarean section was performed as per the standard procedure. The local anaesthesia was achieved using with 3mL of 2% lidocaine as an inverted L block. An oblique skin incision was made in the left paralumbar fossa and continued through the subcutaneous tissue as well as the internal and external abdominal oblique muscles. Transversus abdominus muscle was also exposed and incised with the scissors. The peritoneum was tented and then incised with the scissors. This exposes the uterus which was exteriorized and incised on its greater curvature. A dead male kid was removed during cesarean section. It showed bent on the vertebral column and the spine had typical S shaped twisting. The forelimbs were longer and had ankylosis at knee joint whereas the hind limbs had ankylosis and hock joint. All the changes on the fetus indicate that it is a perosomus horridus monster (figure1). The uterus and surrounding area were flushed with 300 mL of Normal saline and returned into the abdominal cavity. The uterine incision was closed with chromic catgut size 1-0 using two layers of Lambert suture pattern. The peritoneum and transversus abdominis muscle were closed with chromic catgut size 1-0 using simple continuous suture pattern. The subcutaneous tissue was closed with chromic cat gut size 1-0 using subcuticular suture pattern. The skin incision was closed with nylon size 1-0 using horizontal mattress suture pattern because of tension on the incision line. The doe was treated with enrocin @5 mg/kg, i/m), 5% dextrose slow 300 ml, I/V, Meloxicam @ 0.2mg/kg, i/m and Oxytocin (15 IU, I/V) Postoperatively. The antibiotic was continued for five days. The suture removed on 12th day. The doe recovered uneventfully.

Incidence of monstrosities in livestock is of great importance because of genetic transmission of such malformation. Foetal monstrosities represent less than 1% of all observed congenital malformation in bovine and caprine species (Roberts, 1971). In the present case, the foetus exhibited all the malformations of Perosomus horridus monster as described by Roberts (1971) in sheep and goat and cattle. Perosomus horridus is a fetal monster, characterized by a lateral and downward multiple bending of spine from occiput to the sacrum. The vertebrae are definitely abnormal, shortened and ankylosed. The limb, neck and tail are ankylosed and deformed (Roberts, 1986). Such monsters have been occasionally reported in bovine and caprine (Noakes 2009; Balasubramanian et al., 1995) and buffalo (Napolean et al., 2008 and Solanki et al., 2010). Three cases of curved vertebral spine associated with deformed limbs were observed in Muzzaffarnagar sheep (Singh and Purbey, 1984). Such monsters cause
difficulty in their delivery due to the curved spine and often die during delivery or soon after their birth. Etiology of such monsters is usually unknown but considered to be due to chromosomal defects (Morrow, 1986). Perosomus horridus is formed due to simple autosomal recessive gene. The affected monster fetus is usually carried to term. Such a fully developed monster usually results in dystocia and requires considerable skill to ensure a safe delivery without damage to the dam (Sharma et al., 2001). Perosomus horridus foetal monster leads to dystocia due to malalignment of extremities. Balasubramanian et al., (1995) and Napoleon et al.,(2008) had reported per vaginal delivery of Perosomus horridus fetal monsters in goat and buffalo, respectively. On the contrary, in the present case per vaginal delivery was unsuccessful due to marked lateral deviation of head with increased transverse fetal diameter necessitating caesarian section. So present case was decided to go for caesarian section. Without doubt offers a safer method of delivery.

Fig 1: Perosomus Horridus

References