

SUCCESSFUL PER VAGINAL DELIVERY OF *SCHISTOSOMUS REFLEXUS* IN A NON DESCRIPTIVE DOE

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Abstract: A two and half year old Non Descriptive Doe brought to Veterinary Clinical Complex, Veterinary College and Research Institute, Orathanadu with the history of animal was full term pregnant and having interment straining for past six hours. The case was diagnosed as dystocia due to Schistosoma reflexus based on vaginal examination. The present report is a case of Schistosomus reflexus and delivered through per vaginal by manual traction.

Keywords: Schistosomus reflexus, Goat, Per Vaginam.

Introduction

Schistosomus reflexus was primarily observed in ruminants, characterized by spinal inversion, exposure of the abdominal viscera because of a fissure of the ventral abdominal wall, limb ankylosis, positioning of limbs adjacent to skull, lung hypoplasia, abnormal shape of liver and rumen is distended with fluid. Microscopic examination found necrotic and degenerative lesions only in the brain, liver, kidneys and lungs (Hashemnia *et al.*, 2013). It has been observed most commonly in cattle (Roberts, 1971), buffaloes, occasionally in horses and rarely in goats (Hashemnia *et al.*, 2013; Kumar *et al.*, 2016), sheep, camel and swine (Irwin and Pulley, 1996). This congenital anomaly generally occurs during embryonic development of the foetus. The exact aetiology of this anomaly is unknown but it may be due to genetic factors, mutation, chromosomal anomalies, infectious agents and environmental factors or combination of all the factors (Noakes, *et al.*, 2009). The present report is a case of schistosomus reflexus and delivered through manual traction.

Case history and observation

A two and half year old Non Descriptive Doe brought to Veterinary Clinical Complex, Veterinary College and Research Institute, Orathanadu at 10.00 p.m., with the history of animal was full term pregnant and having interment straining since last 4 hours, yielding no result. On clinical examination the rectal temperature was 38.7°C and heart rate

was 88/minute. Per-vaginal examination revealed fully dilated cervix and ventro-transverse presentation of fetus was noticed. In addition, foetal intestine was felt by hand and also the exposed visceral organs were palpable through incompletely curved ventral body wall. Thus the case was diagnosed as dystocia due to *Schistosoma reflexus* (Fig.1 & 2).

Treatment and discussion

The ewe was restrained in left lateral recumbency on the examination table with soft bedding followed by epidural anesthesia was given with 1.5ml of 2% lignocaine between sacro-coccygeal joint. Since the genital tract was sufficiently relaxed and lubricated, the foetus was delivered per-vaginum by mild traction with hand on the forelimbs and by applying the small eye hook on the fetus inner cantus of the eye with simultaneous adjustment of the other foetal parts. Finally dead fetus was taken out. Afterwards, two Furea bolus were placed intra-uterine. There was absence of any apparent injury to the genital tract of the dam. The fetus weight is about 1.150 kg with grossly normal head with acute angulations of the vertebral column such that hind quarter lied close to the head. The diaphragm was intact and thoracic organs remained inside the thoracic cavity. The abdominal wall was not fully developed and all abdominal viscera remained outside under the cover of thin membrane. The animal was treated with Endroflaxin 2 ml, i/m, 10 IU of Oxytocin i/m, Flunixin meglumine @1.1mg/kg b.wt i/m, Chlorphenaramine maleate @ 0.5mg/kg b.wt i/m, Meloxicam @ 0.5mg/kg b.wt i/m for two days. The animal had an uneventful recovery (Fig.3).

Foetal monster with herniation of abdominal viscera and skeletal defects is referred to as *Schistosomus reflexus*. These observations are in consonance with the earlier findings of in a goat (Kalita *et al.*, 2004). A successful handling of dystocia due to *Schistosomus reflexus* by per vaginally in a goat by Suthar *et al.*, (2011) and in cow by Sheetal *et al.*, 2018. On other studies reviled partial foetotomy in a cow is reported by Selvaraju, *et al.* (2013) and in goat by Balaswamy, and Narasimha Rao, (1997); Kalita, *et al.* (2004); Kumar *et al.* (2016) and Nain, *et al.*, (2019). This type of fetal causes of dystocia can be corrected either by obstetrical mutation (Nain.*et al.*, 2019), fetotomy or caesarean section (Noakes, *et al.*, 2009). Although, the *Schistosomus reflexus* monster is rare in goat the similar cases in co-twins were reported by Kalita *et al.* (2004) and Suthar. *et al.*, (2011). Present case describes successful per-vaginal delivery of *Schistosomus reflexus* monster in a Non descriptive doe by traction and mutation techniques.

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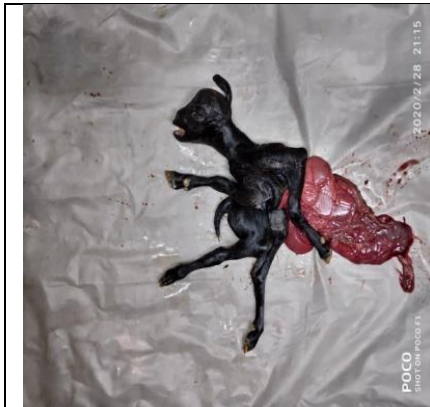


Fig.1



Fig.2



Fig.3