



SUCCESSFUL HANDLING OF DYSTOCIA DUE TO RIGHT SIDE UTERINE TORSION IN BUFFALO: A CASE REPORT

Veterinary Science

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ABSTRACT

A four year old full term pregnant buffalo was present with the history of Abdominal Pain And Straining since past 24 and 36 hours , Fails to Calve on due date , Treated by local vet before 3 day with PGF2 α (Cloprostenol , 500 μ g, I/M) and Flunixin Meglumine Injection (8 ml , I/M) . On per vaginal examination reveals there is right side (Clock wise) Post Cervical Uterine torsion up to 180 degree was diagnosed . Uterine torsion was relieved with two successive rolling by rolling method and delivered One dead macerated foetus removed per vaginally through traction. The Buffalo recovered completely without any complications.

KEYWORDS

Uterine Torsion, buffalo, Dystocia, Macerated Foetus .

INTRODUCTION

Uterine torsion usually occurs in a pregnant uterine horn and is defined as the twisting of the uterus on its longitudinal axis (Purohit GN *et al.*, 2011). The pregnant uterus rotates about its long axis , with the point of torsion being the anterior vagina just caudal to the cervix (*post cervical torsion*) (Purohit GN *et al.*, 2011). Less commonly, the point of torsion is cranial to the cervix (*pre-cervical torsion*). Uterine torsion occurs during the last trimester of pregnancy (Dolente 2004) or immediately prior to parturition (McGladdery , 2001), it is also reported to occur in early pregnancy (Ruffin *et al.*, 1995). Incidence of Uterine torsion in buffaloes were reported 67-83% of total incidence of dystocia (Prabhakar *et al.*, 1994.). Mostly torsion cases involve left side in counter clockwise direction with 45 to 90 degree torsion being very uncommon , 20% are 90-180 degree , 57% are 180-270 degree and 22% are 270-360 degree . With the increasing severity of torsion, successful attempts to roll the buffalo and deliver fetus decreases (Frazer *et al.*, 1996).

There is no exact cause of uterine torsion (Purohit , 2011) but it may be due to Maternal destabilizing factors (Ghuman , 2010) like as Attachment of broad ligaments , Unfilled rumen , Body Frame , Sudden movements And Foetal factors like as Calf birth weight , Reduced amount of amniotic fluid (Drost , 2007) and Foetal movements .

The present Case report Describes successful handling of Dystocia due to Right side Uterine Torsion by Rolling method in Buffalo.

CASE HISTORY AND OBSERVATIONS

A four year old full term pregnant buffalo with the history of Abdominal Pain And Straining since past 24 and 36 hours , Fails to Calve on due date was presented to Veterinary Clinical Complex (VCC), Post Graduate Institute of Veterinary Education and Research (PGIVER), Jamdoli , Jaipur. Clinical examination revealed restlessness and Abdominal pain.

On per vaginal examination reveals feel coiling / Twisting of index finger or cone shaped hand there is right side (clock wise) Post Cervical Uterine torsion up to 180 degree .

On rectal palpation the broad ligament on the right side under the uterus and ligament of other side crossed to opposite and tense.

Treatment and Discussion

At first given the sedative (Siquil 5ml I/M) to the buffalo . The buffalo is laid down in lateral recumbency on the right side on rubber bed on Sand. Two hind legs are tied together by a rope . Both the fore leg are

also tied using another rope. Keep hand in birth canal and grasp the foetal part if possible . Roll the buffalo in the same direction (right side) of torsion . After It pass the hand through birth canal and feel the release twisting . One more rolling had done to buffalo after it hand passed through birth canal and grasp the head and fore leg of foetus . Calf is in anterior longitudinal presentation (P1), Dorso -sacral position (P2) with extended forelimbs (P3). foetal fluid comes from uterus as the torsion is relieved . because foetus was macerated so pulling of foetus is difficult there is bony parts in birth canal . So by using obstetrical hooks and ropess applied traction , one dead macerated foetus was removed per vaginally.

The buffalo was treated with fluid therapy 3 lit NS and 3 lit DNS (I/V) , Inj. Chrome 10 ml I/M, inj. Oxytocin @ 20 IU i/m , Intramuscular injection of Corticosteriod , Enrofloxacin , Meloxicam and Chlorpheniramine maleate was administered. Nitrofurazone and urea pessary (Cleanex bolus ;@ 4 bolus I/Uterine) was placed inside the uterus to avert infection. Liq. Uterotone @ 100-125 ml orally twice daily should be administered.



Fig 1: Rolling of Dam method



Fig 2-3-The foetus was pulled out by applying forced traction .



Fig 4 : Macerated dead fetus delivered per Vaginally.

CONCLUSION

It can be concluded that dystocia due to right side uterine torsion can be diagnosed by History of delayed gestation , by vaginal examination and Rectal palpation and treated by Per vaginal rotation of fetus and Rolling of Dam , fluid therapy along with Corticosteroids , Antibiotics and Antihistamine drugs.

ACKNOWLEDGMENT

The authors is highly thankful for the Department of Veterinary Gynaecology and Obstetrics, PGIVER Jaipur Rajasthan India for providing necessary facilities for this work.

Conflict of Interests

There is no conflict of interest.

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