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Radhakrishna Rao J

Associate Professor and Head,
Veterinary Clinical Complex,
College of Veterinary Science,
P.V.Narsimha Rao Telangana
Veterinary University, Korutla,
Jagtial, Telangana, India

Gopala Krishna MV

Assistant Professor of
Gynaecology, Veterinary Clinical
Complex, College of Veterinary
Science, P.V. Narsimha Rao
Telangana Veterinary
University, Korutla, Jagtial,
Telangana, India

Corresponding Author:

Radhakrishna Rao J

Associate Professor and Head,
Veterinary Clinical Complex,
College of Veterinary Science,
P.V.Narsimha Rao Telangana
Veterinary University, Korutla,
Jagtial, Telangana, India

A rare case of fetal monster (*Campylorrhachis Scoliosa*) causing dystocia in a non-descript cow and its successful delivery by caesarean section

Radhakrishna Rao J and Gopala Krishna MV

Abstract

A non-descript cow in its 2nd calving, at full term of pregnancy, suffering from dystocia, was brought to the Veterinary Clinical Complex, College of Veterinary Science of P.V. Narsimha Rao Telangana Veterinary University, Korutla, Jagtial Dist., Telangana State. Pervaginal examination by gynaecologist revealed malposition of fetus, loss of fetal fluids and swollen vaginal mucosa. Caesarean section was performed and a fully developed dead fetal monster (*campylorrhachis scoliosa*) was delivered. The cow was given Inj. Intacef (Ceftriaxone Na) 3.0 gm for 5 days and Inj. Melonex (meloxicam) 15 ml, Inj. Tribivet 10 ml for three days, and Inj. Caldee-12 @ 15 ml on alternate days for 3 instances postoperatively. The skin sutures were removed on 10th postoperative day and the cow recovered uneventfully.

Keywords: fetal monster, *campylorrhachis scoliosa*, dystocia, cow

Introduction

Fetal dystocia is a condition in which there is abnormal size of fetus or position causing difficulty in calving. Fetal abnormalities or monsters such as mummified fetus, general ankylosis, double monsters, achondroplastic fetuses and others cause dystocia in cows. *Campylorrhachis scoliosa*, a non genetic anomaly of the trunk, a fetal monster, rarely seen in cattle and swine which is characterized by a lateral curvature of the spine with deformed and ankylosed limbs [4]. It is important to know various types of monsters in animals that usually cause dystocia, which cannot be easily delivered and require a cesarean section or a foetotomy most of the time [5]. The present paper reports a case of dystocia in a non-descript cow due to a rare *campylorrhachis scoliosa* fetus and its successful delivery by caesarean section.

History and Diagnosis

A non-descript cow in its 2nd calving, at full term of pregnancy was brought to the Veterinary Clinical Complex, College of Veterinary Science, Korutla of P.V. Narsimha Rao Telangana Veterinary University, Telangana State with a history of dystocia handled by a local veterinarian and failed to deliver the fetus. During the clinical examination exposed fetal forelimbs up to the level of carpus were found and other vital signs were slightly elevated. Pervaginal examination by gynaecologist revealed malposition (lateral deviation of head) of fetus, loss of fetal fluids and swollen vaginal mucosa causing dystocia.

Treatment and Discussion

As the dystocia could not be relieved, the cow was considered for caesarean section. Caesarean section was performed under local anaesthesia by linear infiltration with Inj. 2% Lignocaine Hcl while the cow was restrained on lateral recumbency after sedation with Triflupromazine hydrochloride @ 0.1 -0.2 mg per kg body weight intravenously. The left paramedian site was prepared aseptically and a skin incision was taken behind the umbilicus up to the level (in front) of the udder (Fig.1). The subcutis and the muscles were incised in the same line. After entering the abdomen the uterus was grasped on one of the fetal extremity and the uterus was incised on its dorsal curvature and a dead fetal monster was delivered (Fig. 2). The uterus was closed with lembert followed by cushing pattern of suturing with 1/0 chromic cat gut [7]. The muscles were sutured with No.2 poly glycolic acid (PGA) by using continuous interlock pattern. The subcutis was sutured with 1/0 chromic cat gut. The skin was sutured with No. 2 braided silk in horizontal mattress suture pattern. The cow was given Inj. intacef 3.0 gm, Inj.

melonex 2 ml and oxytocin 80 IU intramuscularly on the day of surgery and followed by Inj. Intacef¹ (ceftriaxone Na) @ 3.0 gm for 5 days, Inj. Tribivet² (Vit. B1,B6,B12) @ 10 ml and Inj. Melonex³ 15 ml intramuscularly for 3 days postoperatively. Inj. caldee12⁴ (calcium) @ 15 ml intramuscularly was given postoperatively on alternate days for 3 instances. The skin sutures were removed on 10th postoperative day and the cow showed uneventful recovery.

On examination of the fetal monster (Fig.3), it was found that, the head and neck were laterally deviated due to lateral curvature of the cervical spine. The limbs were malformed and 1,2,3. Intas Pharmaceuticals LTD, Ahmedabad-380054, Gujarat, India.

4. Vetoquinol India Animal Health Pvt Ltd, Thane (West), Maharashtra- 400607, India

ankylosed. The lateral curvature of the cervical spine and ankylosed limbs might be the reason for the dystocia in this cow. The fetus of this kind was termed as Campylorrhachis scoliosa and is a non genetic anomaly of the trunk [4]. The monstrosities are associated with either infectious disease or congenital defects [1]. The incidence of campylorrhachis scoliosa monstrosity is rare in cattle and hardly reported. Mohan *et al.* [2] and Purohit *et al.* [3] reported campylorrhachis scoliosa which was delivered manually in cows. Caesarean section facilitated easy removal of the fetal monster from the uterus. Over sized fetuses like fetal monsters such as general ankyloses and double monsters may be more safely and easily removed by caesarean section than by fetotomy [4]. In conclusion successful delivery of a rare fetal monster (Campylorrhachis scoliosa) causing dystocia in a non-descript cow was performed through caesarean section without any complications.



Fig 1: Paramedian skin incision for caesarean section



Fig 2: Delivery of fetus through caesarean section



Fig 3: Campylorrhachis scoliosa (Fetal monster)

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