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Dystocia in Sheep due to Lateral Deviation of Head and Neck

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A B S T R A C T

Dystocia due to lateral deviation of head and neck in a sheep was presented with history of complete gestation, straining and rupture of water bags without any further progress in the labor. The fetus was in anterior longitudinal presentation, dorso sacral position with extended forelimbs in birth canal and it was a dead fetus. Manual correction and traction was applied to deliver the fetus.

Introduction

Dystocia due to lateral deviation of head and neck constitutes one of the commonest types of postural abnormality in anterior presentation causing dystocia in all species and it may arise during late gestation rather than during birth (Noakes *et al.,* 2001; Roberts, 1982). Fetal causes of dystocia were more common in cows and account for 64.08%, head deviation-20.4% and limb flexion 19.4% (Purohit and Mehta, 2006. Dystocia or difficult birth is one of the leading causes of economic losses from perinatal death of dam and fetuses (Brounts *et al.,* 2004). The maternal factors which include over feeding of dam during pregnancy, uterine inertia in polytocous ewes, and small diameter of pelvic canal (Pugh *et al.,* 2012).

Case history and observations

A primiparous non-descript 2year old sheep at full term was presented to the veterinary Clinical Complex College of veterinary science korutla with a history of labour since more than 18 hours.

The animal was dull, depressed, recumbent and straining. Per vaginal examination revealed a dead fetus in anterior presentation, dorso sacral position with left deviation of head and neck and extended forelimbs. The cervix was fully dilated, the birth canal was

dry and vulva was swollen and edematous, both sides of perineal region bloody stick discharges are noticed.

Results and Discussion

Based on the observations and per vaginal examination, the case was diagnosed as left lateral deviation of head and neck. Since the birth canal was dry, 300 ml of liquid paraffin and 2 litres of 1% carboxy methyl cellulose (1% carboxy methyl cellulose sodium, Fisher Scientific, Mumbai) administered into birth canal and uterus as lubricant. Well lubricated gloved hands were inserted into the vagina and fetus was repelled into the uterus by applying force with hand on brisket and shoulder region of fetus with the animal in recumbent condition. The deviated head and neck was brought into birth canal by holding at muzzle area and apply traction on lower jaw in dorsal and backward direction. Later fetal forelimbs were brought into birth canal (Fig. 1 and 2).

Fig.1 Fetus reliving due to traction

Fig.2 Dead fetuses relived due to dystocia lateral deviation of head and Neck

After correction, traction was applied by pulling the fore limbs and a dead male fetus was delivered Post-operative treatment included Inj. Calcium borogluconate-50 ml, I/V; Inj. Dextrose Normal Saline (5%) - 150ml, I/V; Inj. Meloxicam-2.5ml, I/M; Inj. Histanil -2.5ml, I/M and a course of antibiotic Inj. Ceftriaxone-2g, I/M for 5 days. The sheep showed recovery without any postpartum complications. Causes of dystocia include fetal or maternal in origin. Dystocia was greater in primiparous (17%) than multiparous (4%) animals (Nix and Spitzer, 1998). Among the total dystocia conditions in cattle, fetopelvic disproportion constitute 45% and fetal malpresentation constitute 26% (Jackson, 2004). In the present case the fetus was delivered by mutation and traction which prevented the post-operative complications due to cesarean section.

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