

Case Study

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Dystocia due to Conjoined Twin Foetus in a Non-descriptive Ewe

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ABSTRACT

Keywords

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The present case reports the successful management of dystocia in nondescript ewe due to conjoined twin monster foetus. A full term pregnant ewe in its second parity was brought to the veterinary dispensary Ayyanaroothu, Tutucorin with a history of abdominal straining and not able to deliver the young one. Per vaginal examination revealed presence of a foetus in anterior presentation with left shoulder flexion. Shoulder flexion was corrected and a dead monocephalic conjoined twin foetus was relieved by gentle traction. The ewe was treated with broad spectrum antibiotic, anti inflammatory and ecbohic drugs. The ewe recovered uneventfully.

Introduction

Generally dystocia may be of fetal or maternal origin (Noakes *et al.*, 2009). The incidence of dystocia in small ruminants, is low compared to large ruminants (<5%) (Bhattacharyya *et al.*, 2015). Dystocia or difficult in birth can occur as a result of abnormal fetal presentation or position but normal births can occur despite such abnormalities. Fetal dystocia occurred mainly due to oversize, mal-disposition, and monsters (Noakes *et al.*, 2009). Conjoined or fused

twins arise from incomplete division of a single embryo during the primitive streak stage. The incidence of conjoined twins is reported from 1 in 50,000 to 1 in 100,000 births (Unver *et al.*, 2007).

History and clinical signs

A full term pregnant non-descript sheep in its second parity weighing about 30 Kg was presented to veterinary dispensary, Ayyanaroothu, Tuticorin. The owner reported that the ewe had constant abdominal straining

from yesterday night and not able to deliver the foetus with ruptured water bag two hours before. The ewe was in standing posture with vaginal discharge when presented to the dispensary. Vital parameters were within the normal ranges. Vaginal examination revealed fully dilated cervix and the foetus was in anterior longitudinal presentation, dorso-sacral position with left shoulder flexion with no fetal reflex.

Treatment and Discussion

Caudal epidural anesthesia was administered between the first and second inter-coccygeal vertebrae using 2mL of 2% Lignocaine hydrochloride to control straining. After proper lubrication the foetus was repelled, the left shoulder flexion was corrected and a dead monster foetus was relieved by gentle traction. Fetal examination revealed conjoined twin with one head (Monocephalus), eight limbs and abdomen of one foetus fused with other (Figure). Based on the morphology, the dead monstrous condition was diagnosed as monocephalus with posterior twinning. This

abnormality of the foetus caused dystocia in the present case.

After successful relieving of dead monster the dam was administered with antibiotic injection Enrofloxacin @ 5 mg /Kg Bwt, analgesic @ 0.5 mg/Kg Bwt, for three days and uterotone ecbolic was administered 10 mL orally for 5 days to the hasten the involution of uterus. After 14 days the ewe had good feeding habit with uneventful recovery. Incidence of monstrosities in livestock is of great importance because of genetic transmission of such malformation (Balamurugan *et al.*, 2018). Foetal monstrosities represent less than 1% of all observed congenital malformation in bovine and caprine species (Roberts, 1971). Etiology of such monsters is usually unknown but considered to be due to chromosomal defects (Morrow, 1986). The affected monster foetus will be carried to term and such fully developed monster usually resulted in dystocia which required considerable skill to ensure a safe delivery without damage to the dam (Sharma *et al.*, 2001).

Figure.1 Monster - Monocephalus, eight limbs and abdomen of one foetus fused with other



It is concluded that dystocia in goats can be successfully managed per-vaginum in fetal malposition and monster foetus cases with normal fetal size. The loss of dam can be prevented by reducing the undue delay in the presentation of the case.

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