

Fetotomy a resolution to dystocia in a mare — A case report

Al-Dahash S.Y. A., Raju K.G.S*, Gaja A. O. and Mariol N. M.

Department of Surgery and Theriogenology, Faculty of Veterinary Medicine, Tripoli,
University, Tripoli, Libya

Introduction

Dystocia in mare is perhaps one of the most challenging conditions faced by equine practitioners. Malposture of long foetal extremities is a major cause of dystocia in mare (Frazer, 2001). Incidence of dystocia was 4% in thoroughbred mares; percentage of anterior, posterior and transverse presentations was 99, 0.9 and 0.1, respectively. Procedure of Fetotomy is not easy as in cow due to longer equine birth canal impediment poses by rapidly detaching foetal membranes (Fraser, 1997). Incidence of dystocia in mare has been much less documented than cattle. The present communiqué is to place on a rare case of dystocia due to transverse presentation.

Case history: Seven years old, $\frac{3}{4}$ Arabian mare was admitted to the clinic of Faculty of Veterinary Medicine, Tripoli University. She had two previous foalings. Two days back she started symptoms of foaling without success. A veterinarian from a private clinic was called for help. Her foal died during attempts and partial Fetotomy was

applied without any success. The mare was transferred to a private special equine clinic, but again could not do any more help. Finally, the case was referred to the Clinic of the Faculty of Veterinary Medicine.

General clinical examination revealed that the mare was depressed, with 36.5°C body temperature and 59/minute pulse rate. Mucous membranes were highly congested. Fluid therapy was applied and sedative was given.

Mare's tail was wrapped and tied to one side and perineal region was thoroughly cleansed with antiseptic solution. Vaginal examination revealed that cervix was well dilated, foetus was in transverse presentation ventral position, foetal membranes were detached and devoid of foetal fluid in birth canal. On through and deep examination of birth canal, decapitation of head at atlanto-occipital joint and cut off the fore right leg at level of knee joint were applied at previous times of attempts at private clinics. The amputated part of limb was left inside uterus, which was brought

*Corresponding Author: gurusolmonraju@yahoo.com

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out by judicious traction. This gave an indication of flexed leg at knee joint.

Decision was taken to perform Fetotomy to deliver the foetus. Advises of Card (2002) were considered. Copious amount of lubrication was used, and the foetus was brought into anterior presentation by applying version. Partially amputated right limb was amputated at level of shoulder to get space and tried to deliver foetus by traction but efforts were futile due to large sized emphysematous foetus. Foetus was cut through its thorax level, including neck and left leg, and extracted out. Evisceration and another cut at abdominal level were applied. Hind limbs were brought into birth canal as a posterior presentation and foetal pelvis was bisected and delivered by judicious traction. The mare was given medical and obstetrical postoperative care, and referred to general veterinarian for Medical follow-up (as detailed below).

Postoperative Medical follow-up
During and Just after operation

- Normal Saline 25 X 500 ml *i.v.*
- Phenyl 10 ml (350 mg) *i.v.*
- Alflaxine 8ml (250 mg)
- Pebzatine penicillin (compi-kale) 25 000 000 IU *i.m.*
- Vit. C 20 ml (20 000 IU) *i.v.*
- Uterine Tablets 8 X 1 gm intra uterine.
- Oxytocin 40 mg *i.m.*

Second day: (A.M. Temp; 39.5°C H.R.: 55/min., P.M. Temp; 37.2°C H.R.: 52/min.)

A.M. and repeated on P.M.:

- Normal Saline 10 X 500 ml *i.v.*
- Phenylbutazone 1 gm *i.v.*
- Neatex 500 ml *i.v.*
- Pebzatine penicillin (compi-kale) 25 000 000 IU *i.m.*



Prior to Fetotomy



Five days post Fetotomy

Photos Mare's physical status

- Alfluxine 8ml (250 mg) *i.v.*
- Vit. C 20 ml (20 000 IU) *i.v.*
- Uterine Tablets 6 X 1 gm *intra uterine.*
- Oxytocin 50 i.u. *i.m.*
- Antitetanic serum 25000 i.u.
- Triprrium (Sulph) 25 mg *i.v.*
- Novalgine (Dipyron) 25 mg *i.v.*
- Vit. C 20 ml (20 000 IU) *i.v.*
- Uterine Tablets 4 X 1 gm *intra uterine.*
- Oxytocin 40 i.u. *i.m.*

Third day: (A.M. Temp; 37.5°C H.R.: 50/min., P.M. Temp; 39.1°C H.R.: 59/min.)

- Normal Saline 8 X 500 ml *i.v.* + Calc. Fluid.
- Phenylbutazone 2 gm *i.v.*
- Pebzatine penicillin (compi-kale) 25 000 000 IU *i.m.*
- Triprrium (Sulph) 25 mg *i.v.*
- Novalgine (Dipyron) 25 mg *i.v.*
- Vit. C 20 ml (20 000 IU) *i.v.*
- Uterine Tablets 6 X 1 gm *intra uterine.*
- Oxytocine 50 i.u. *i.m.*
- Antitetanic serum 25000 i.u.

Fourth day: (A.M. Temp; 39.0°C H.R.: 52/min., P.M. Temp; 39.1°C H.R.: 55/min.)

- Uterine siphoning and douching
- Normal Saline 7 X 500 ml *i.v.* + Calc. Fluid.
- Phenylbutazone 2 gm *i.v.*
- Pebzatine penicillin (compi-kale) 25 000 000 IU *i.m.*

Fifth day: (A.M. Temp; 38.8°C H.R.: 52/min., P.M. Temp; 38.4°C H.R.: 53/min.)

- Uterine siphoning and douching
- Normal Saline 5 X 500 ml *i.v.* + Calc. Fluid.
- Neatex 500 ml *i.v.* (Antitoxaemic fluid therapy)
- Phenylbutazone 2 gm *i.v.*
- Pebzatine penicillin (compi-kale) 25 000 000 IU *i.m.*
- Triprrium (Sulph) 25 mg *i.v.*
- Alfluxine 8ml (250 mg) *i.v.*
- Novalgine (Dipyron) 25 mg *i.v.*
- Vit. C 20 ml (20 000 IU) *i.v.*
- Uterine Tablets 4 X 1 gm *intra uterine.*
- Oxytocine 20 i.u. *i.m.*
- Antitetanic serum 25000 i.u.
- Frsemide 25 ml (250 mg) *i.v.*

Discussion

This case, although foetus was successfully delivered, posterior vagina was severely inflamed, but uterus was with no damage to its wall. In previous reports, it was indicated that repeated in and out arm movements are contradicted as mucus membrane of mare's vagina and cervix are easily abraded (Frazer, 2001). Further, the mare was handled by two different local veterinarians, if not more, before handled in the Faculty clinic, which might have caused much of damage due to inappropriate, prolonged vaginal manipulations. In the present case, it could be concluded that it was worsen due to death of fetus, futile efforts of veterinarians with obstetrical

manoeuvres and Fetotomy. Further, it was discussed that failures of foal to adopt normal posture (i.e. from ventral position to dorsal position) at term predispose dystocia in equines (Jackson, 2004).

References

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