



Dystocia due to Unilateral Shoulder Flexion with Downward Deviation of Head in Ewe - A Case Report

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Abstract

The present paper puts on record a case of dystocia in ewe attributable to fetal maldisposition and its successful per-vaginal delivery through obstetrical maneuvers has been reported.

Keywords: Dystocia, ewe, fetus, maldisposition, per-vaginal delivery

Fetal maldisposition (especially lateral deviation of the head) and obstruction of the birth canal (especially failure of cervix to dilate) are common causes of dystocia in sheep (Blackmore, 1960; Thomas, 1990; Purohit, 2006). Fetal maldisposition is one of the major causes of dystocia in sheep (Blackmore, 1960; Thomas, 1990) accounting for more than half of the dystocia cases. Out of the various maldispositions, anterior presentation of the fetus (Majeed and Taha, 1995) with lateral deviation of the head and neck, and flexion of the carpus and shoulder is common in sheep (Jackson, 1995). The incidence of postural abnormalities has been reported between 63 to 69 % in sheep and goat (Sharma *et al.* 1999; Purohit *et al.* 2006). Lateral deviation of the head and flexion of carpal and shoulder joints followed by relative fetal oversize are commonly occurring fetal causes of dystocia in both sheep and goats (Purohit, 2006). Per-vaginal delivery with the help of obstetrical manoeuvres like mutation and forced extraction is preferred to economize the treatment cost of the farmers by avoiding the caesarian operation. The present communication reports a case of dystocia in ewes due to fetal maldisposition along with its successful management.

Case history and clinical observations

A full term pluriparous ewe was presented at the Teaching Veterinary clinical Services Complex, Shuhama with the history of recurrent straining since 8 hours and ruptured water bags. One of the forelimb was protruding from the vulva. The previous three lambings of the ewe were normal. Upon careful examination, it was found that all the clinical parameters were within normal range. On per-vaginal examination it was observed that the cervix was fully dilated and the foetus was in anterior longitudinal presentation, dorso-sacral position with downward deviation of head and unilateral shoulder flexion.

Treatment and Discussion

The fetal forelimb which was protruding through the vulva was repelled inside the uterus. Since the cervix was fully dilated, one full hand could easily be passed through it. The hand was inserted into the uterus and head was brought to the normal position by holding the mandible. The flexed foreleg was also brought to normal posture slowly by holding at the toe. Both the forelimbs were extended towards the birth canal. The dead fetus was then manually delivered by applying moderate traction on head and both forelimbs (Fig. 1). Therapeutic management included Inj. Ceftriaxone 15 mg/kg b. wt i/m and Inj. Meloxicam 0.5 mg/kg b. wt i/m daily for 4 days to manage the infection and inflammation, respectively. The case showed uneventful recovery.



Fig. 1: Dead foetus after its successful delivery

Deviation of the head may vary in degree. Lateral deviation of the head and flexion of carpal and shoulder joints are commonly occurring postural abnormalities causing dystocia in both sheep and goats (Purohit, 2006). Downward deviation of head with only one forelimb presented towards birth canal as observed in the present case is rarely reported. In delayed cases the uterine wall tightly wraps around the fetus due to loss of fetal fluids. Great care must be exercised in correction of such cases to avoid damages to the uterine wall (Jackson, 1995). Deviation of the head may sometimes be coupled with flexion of the extremities. Manual correction of the deviation is possible in sheep and goat with sufficiently dilated birth canal and in cases presented timely with live fetuses. It may be difficult in cases presented beyond 24 hrs of 2nd stage of labor (Mehta *et al.* 2002), which may require removal of one of the limbs by fetotomy or in some cases even caesarean section when fetus is dead and emphysematous. Carpal and shoulder flexions may be corrected manually and fetus can be delivered by traction after sufficient lubrication. Dystocia due to fetal maldispositions is usually corrected manually in sheep (25.2 %) and only a small number (1.1%) may require caesarean section (Sobiraj, 1994). The successful per-vaginal delivery of the dead fetus in this case could be possible, with forced traction after successful correction of the abnormal postures by mutation technique, due to the manipulations done through the properly dilated cervix of the ewe.

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