

Retention of Placenta in a Female Camel: A Case Report

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Abstract

A case of successful removal of retained fetal membranes from a female camel is reported.

Keywords: Camels, Retention, Fetal membranes

The camel placenta is diffuse epitheliochorial type (Abd-Elnaeim *et al.* 1999) and placental retention subsequent to parturition is rare. The camel placenta is expelled within 49 minutes to 6 hours of calving (Prakash and Singh, 1962; Sharma, 1968; Nasr *et al.* 1996). The incidence of placental retention in camel varies from 2-11% (Sharma, 1968; Tibary and Annouassi, 1997) with higher incidence being noticed in premature deliveries (Zhao, 2000). The etiology of the condition appears to be complex although deficiencies of vitamin E and selenium (Mehdi *et al.* 2013) and brucellosis (Musa and Shigidi, 2001) are some assorted reasons. Besides a few case reports (Sharma *et al.* 2000; Rohilla and Singh, 2005; Suthar *et al.* 2011) this condition is not widely reported. In this report we mention the retention of placenta in a dromedary camel.

Case History and Observations

A seven year aged female camel was admitted to the Department of Veterinary Gynecology and Obstetrics, with a history of difficult parturition twenty hours back, and manual delivery of a dead fetus and retention of placenta. The animal was restrained in sternal recumbency and both fore legs and both hind legs tied separately with ropes. The physiological parameters (temperature, pulse and respiration) of the animal were in normal limits.

Treatment and Discussion

The camel was sedated by IM administration of 4 mL (23.22 mg/mL) xylazine (Indian Immunologicals) and controlled in sternal recumbency. Epidural anesthesia was induced by injecting 40 mL of 2% solution of Lignocaine (Cadila, Pharmaceuticals, India) between the first and second coccygeal vertebra. The vulvar lips and surrounding perineal area were cleaned with mild antiseptic solution. Two liters of normal saline was infused intrauterine. The fetal membranes were removed by passing the hand in the uterus between the fetal membranes and endometrium to separate the placenta at all places where it was attached with the endometrium. Subsequent to separation the placenta was removed by gentle pulling. There was minor bleeding (Fig. 1).



Fig. 1: The manually removed placenta of a camel

The weight of fetal membranes was 5 kg and it appeared to be normal without any pathogenomic foci. The animal was administered 4 gm of oxytetracycline deep intrauterine; Terramycin (Pfizer) 25 ml IM for 3 days, along with ecbolec (Exapar, Ayurved India) 250 ml daily orally for four days. There was an uneventful recovery. Similar to the present study a few previous reports (Sharma *et al.* 2000; Suthar *et al.* 2011) recorded manual removal of placenta from dromedary females whereas in one report (Rohilla andSingh, 2005) spontaneous expulsion of placenta was successful by administration of 60 IU oxytocin for 2 days. The manual removal of camel placenta is easy and the

complications that can occur following non removal favor manual removal of placenta. Moreover, administration of oxytocin might be useful when placenta is separated yet not expelled due to uterine inertia. The weight of placenta is similar to that recorded previously (Sharma *et al.* 2000).

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