

Fetotomy a Resolution to Dystocia in a Mare — A Case Report

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Abstract

A case of dystocia in an Arabian mare with transverse presentation of the fetals that was resolved by partial fetotomy and careful respiration is reported. With sufficient care after fetal delivery the mare recovered without any complication

Keywords: Dystocia, fetotomy, mare, transverse presentation.

Introduction

Dystocia in mare is perhaps one of the most challenging conditions faced by equine practitioners (Purohit, 2011). Malposture of long foetal extremities is a major cause of dystocia in mare (Fraser, 2001, Purohit, 2011). 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 and the impediment posed 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: A 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

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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 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 create space and tried to deliver foetus by traction but efforts were futile due to large sized emphysematous foetus. Foetus was cut through at the 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.

Post Operative Care

Immediately after fetal delivery the mare was act ministered fattens cover and 40mg IV of oxytocin. Fluid replacement comprised of Normal scline and antibiotics and anti inflammatory drugs were administered along with intrauterine placement of antibiotics and vitamin C administered intravenously. The same therapy was continued for a period of 5 days. Other drugs were administered as per sequirement. The mare had an uneventful recovery.

Discussion

In this case, although the fetus was successfully delivered, posterior vagina was severely inflamed, but uterus was no damage to its wall. In previous

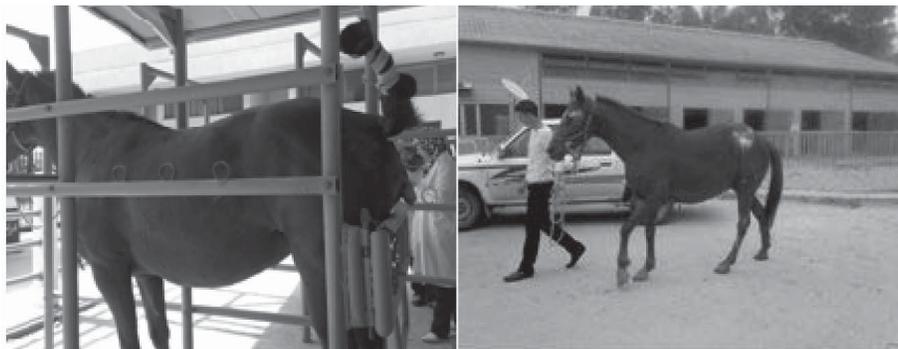


Fig. 1&2: Mare secured in a chute for fetotomy

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 being referred to in the Faculty clinic, which might have caused much of damage due to inappropriate, prolonged vaginal manipulations. Failures of foal to adopt normal posture (i.e. from ventral position to dorsal position) at term predispose dystocia in equines (Jackson, 2004).

The incidence of transverse presentation in the mare is rare only 0.1% (Vandeplassche, 1987) and cesarean section is the best option for fetal delivery (Vandeplassche, 1990; Nakhashi *et al.*, 2009) as fetal version or fetotomy are extremely difficult (Purohit, 2011). However, in the present case fetal version was possible and partial fetotomy was opted on account of poor general condition of the mare.

The condition of the mare at presentation was poor, however with careful management and partial fetotomy, the fetus could be delivered and life of the mare could be saved. It

was concluded that with careful lubrication of the birth canal resection of a transverse fetal presentation is possible and fetus can be delivered with partial fetotomy but sufficient after care is needed.

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