

Case Report

Caesarean Operation in a Malnad Gidda Cow – A Case Report

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ABSTRACT

A pluriparous Malnad Gidda cow was diagnosed to be suffering from dystocia due to carpal flexion, which was informed belatedly. An emphysematous calf was retrieved by an emergency laparo-hysterotomy through left ventro-lateral oblique abdominal incision. With good post operative care and management, the cow recovered uneventfully.

Keywords: Malnad Gidda cow, dystocia, caesarean

Parturition is one of the important stages in the life of any female animal. Dystocia is difficulty in parturition where in, it needs manual assistance to relieve calf and might be resultant of maternal or foetal causes (Roberts, 2002). Various foetal causes of dystocia includes monstrosities, inappropriate posture, presentation, and postures, arthrogyposis, etc. (Purohit, *et al.* 2012). By any reason, delay in parturition makes the dystocia complicated and many times necessitates caesarean operation to retrieve the calf (Kamalakar *et al.* 2014). Proper lubrication of the birth canal is a prerequisite for easy parturition. Prolonged second stage of labour sometimes causes drying up of birth canal making the normal delivery impossible and consequently the dead foetus putrefies. Foetal death and consequent emphysema was observed in 14.58 % of 192 pluriparous cattle (Purohit, *et al.* 2012). In this communication, we present successful management of dystocia due to loss of foetal fluids in a Malnad Gidda cow.

MATERIALS AND METHODS

A seven year old pluriparous Malnad Gidda cow was informed to have been suffering from labour pains and could not deliver calf. Anamnesis revealed that the full term cow was left into forest

for grazing and did not come back for a day. Later, on searching it was found to have difficulty in delivering calf. Local quack made futile attempts to relieve the condition. On reaching the site after a day, observed that, the cow was recumbent, external genitalia were inflamed, per vaginal examination revealed right carpal flexion and dry birth canal (loss of amniotic fluids), the other foreleg of calf stuck in birth canal. The calf was emphysematous which made normal delivery impossible. Hence, an emergency caesarean operation was planned and executed.

RESULTS AND DISCUSSION

The cow was rehydrated using RL 3 L and DNS 3 L I/V. The left ventro-lateral oblique abdominal site was prepared aseptically. Local anaesthesia was achieved by using 2% lignocaine hydrochloride by linear infiltration. A 10 inch linear incision was made over skin and muscles to reach and exteriorize uterus. Hysterotomy was done and retrieved a dead emphysematous calf (Fig. 1).

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Fig. 1: Photograph showing retrieved dead emphysematous calf

Later, whole viscera were cleaned with normal saline and uterus closed in double inversion pattern using chronic catgut no. 2 (Fig. 2).



Fig. 2: Photograph showing sutured uterus.

Muscles closed in simple interrupted pattern using chronic catgut no. 2 and skin using silk in simple interrupted pattern. Incision site smeared with betadine ointment and covered with protective bandage. Post operatively administered with inj. RL 3 L, inj. Metris 500 ml, inj. ceftriaxone @ 10 mg/ kg, meloxicam @ 0.2 mg/ kg, inj. Tribivet 10 ml I/V for next 5 days along with regular dressing. The cow recovered uneventfully in a week.

Lack of proper on-time supervision of the full term cow and carpal flexion was the major aetiologies

for the present condition of the animal. Because of this delay in attending, the cow lost amniotic and allantoic fluids that were required for easy parturition eventually leading to death of calf and consequent emphysema. Foetal causes of dystocia were more in cattle compared to maternal; which include foetal oversize and foetal presentations (Purohit *et al.* 2012) and carpal flexion was one of the most common causes of the dystocia in cattle (Sane *et al.* 1982). In the present case also, it was carpal flexion that initially caused dystocia. Heavy lubrication of the birth canal would normally ease the manual retrieval by forced traction (Roberts, 2002) in this case. But delayed presentation, inflamed genitalia and unilateral carpal flexion necessitated caesarean section. The left ventro-lateral oblique incision aided in easy reach of uterus and prevented post operative complications (Srinivas *et al.* 2007).

CONCLUSION

Timely surgical intervention in animals rearing in forest areas is very difficult. But, proper and effective treatment can save the life of the dumb animals.

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