

Dystocia in Mare due to fetal Postural defect

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Any fetal disposition other than anterior presentation, dorsal position and normal posture is likely to result in dystocia (Sane et al., 1994). Parturition in mare is a rapid (30 minutes) and violent process. Fortunately, incidence of dystocia in mare is low (4 per cent) compared to cattle (Morrow, 1986). William (1943) reported 1.1 % incidence of equine dystocia. Equine dystocia is a true emergency and threatens a survival of dam and fetus both (Freeman et al., 1999). A period from onset of second stage of labour to delivery has an important effect on outcome of mare and foal (Byron et al., 2003). Long extremities of foal tend to predispose a mare to dystocia. Arthur et al (1989) reported about 99% of foals in the anterior presentation and most cases resulted from irregularity of presentation, position and posture of the fetus. Flexion of the limb beneath the body is a common cause of dystocias (Roberts, 1971).

Case history

A ten years old mare with full term pregnancy in second parity from a nearby village was presented to Teaching Veterinary Clinical Service Complex, SDAU, Sardarkrushinagar, with a history of labour since last 24 hours. The allantoic sac was ruptured before 8 hours.

Clinical observation

The animal was in right lateral recumbency with excessive straining. Normal Rectal temperature (101 °F) and bright-pink mucous membrane with good healthy condition was noticed. One limb of the fetus was hanging out of the vaginal orifice.

Per vaginal examination revealed a fully dilated cervix. Dead fetus was found in anterior longitudinal presentation with dorso-sacral position and shoulder flexion of right forelimb. An assisted delivery was attempted by obstetrical maneuvers like mutation and forced extraction.

Treatment and Discussion

The shoulder flexion was corrected by mutation. A repulsion was attempted at the shoulder joint to facilitate an approach to the hoof of the right fore limb. The rope was applied at right fetlock and lateral rotation of the metacarpal region was performed. Postural

defect of limb was corrected and a dead male fetus was delivered by forced extraction. In cattle, males are more frequently associated with dystocias than female fetuses (Arthur et al., 1989). However, Nahkashi et al (2008) reported two cases of mare dystocia due to postural defects where dead female fetuses were delivered per vaginally and Card (2002) reported two cases of mare dystocia with fetal postural defects, amongst them one foal born live and another died during controlled vaginal delivery. In this case also a male fetus was removed by assisted delivery.

In spite of expulsion of fetal membranes, mare was still in lateral recumbency. Injection Intalyte- 500 ml and inj. DNS (5%)-4 lit, was administered intravenously. Bolus Furea-4, was placed in uterus. After a few minutes the mare get stand up. Injection Anistamin-10 ml, inj. Tonophosphan-15 ml, inj. Tetanus toxoid-5 ml, inj. Neurobion-10 ml, and inj. Intamox-4.0 g was administered intramuscularly. Mare was discharged from the clinics advising the follow-up care and management.

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