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Non-surgical management of dystocia in a non-descript primiparous caprine: A case study

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Abstract

A 2 year old pregnant primiparous doe was brought with a history of straining for the past 6 hours. It was reported that the animal was blind and attacked by another goat. Vaginal examination revealed two finger dilatation. Induction was done using dexamethasone (10 mg) intramuscularly. After 2 hours, cervix was fully dilated and the water bag was palpable. To enhance uterine contraction, intramuscular administration of 5 IU oxytocin was administered. During subsequent per vaginal examination, fetal parts were palpable and the kid was in anterior presentation with lateral displacement of head. With mild traction, dead fetus was delivered successfully. Post-parturition, doe was treated using antibiotics, analgesic and intrauterine antibiotic cleanser. Doe recovered successfully.

Keywords: Incomplete cervical dilatation, caprine, non-surgical management

Introduction

Difficulty in parturition, dystocia is a commonly faced disorder in small ruminants (Shashank *et al.* 2025) [4]. Dystocia can be of maternal or fetal origin, which includes fetal malposition (Sharma *et al.* 2024) [1], malnutrition and incomplete cervical dilatation which was primarily reported in primiparous animals (Singh *et al.* 2017) [3]. However, factors like breed, season, parity and hormonal imbalances play a crucial role. Present study discusses the successful non-surgical management of dystocia in a primiparous caprine.

Case history and observation

A 2 year old pregnant primiparous doe was brought with a history of straining for the past 6 hours (Figure 1). It was reported that the animal was blind and was attacked by another goat. External examination showed that the vulval lips were swollen. Animal was depressed, dull and anorectic. Per vaginal examination showed two finger dilatation. It was diagnosed as dystocia due to incomplete dilatation of cervix.

Treatment

Animal was induced using intramuscular administration of 10 mg of dexamethasone. After 2 hours, cervix was found to be fully dilated and the water bag was palpable. Intramuscular administration of 5 IU oxytocin was used to enhance uterine contraction. Per vaginal examination was performed and fetal parts were palpable. Fetus was observed to be in anterior presentation with lateral displacement of head. Mutation of fetal position, along with mild traction helped in successful delivery of the dead fetus (Figure 2). Post-parturition treatment involved intrauterine administration of oxytetracycline, intravenous administration of DNS and intramuscular administration of ceftriaxone @ 20 mg/kg and meloxicam @ 0.5 mg/kg. Doe recovered successfully without any secondary complications.

Results and Discussions

One of the most important causes of economic losses in small ruminants is dystocia.

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In the present investigation, prolonged contraction of uterus against incomplete dilatation of cervix, lead to exhaustion. Dexamethasone, a common corticosteroid used in induction of farm animals (Singh *et al.* 2017) ^[3], was used here. Dam being primiparous, the incomplete cervical dilatation along with lateral displacement of fetal head contributed to the complication and ended up in dystocia. Post-parturition care and management played an indispensable role in minimising complications and speeding up the recovery process.



Fig 1: Doe before parturition



Fig 2: Deceased fetus after parturition

fetus in a goat. Indian J Anim Reprod. 2024;45(2):130-132.

2. Vishvakarma S, Bajaj NK, Sharma P, Bisen A, Jatav RS, Virendra A, et al. Case report: management of dystocia in a non-descript goat. Int J Biomed Adv Res. 2025;9(7):196-198.
3. Singh LK, Pipelu W, Mishra GK, Patra MK. Clinical management of dystocia due to incomplete cervical dilatation in goat. Int. J. Sci. Environ Technol. 2017;6(6):3477-3483.
4. Shashank VG, Sriram V, Schuettrumpf H, Sannasiraj SA. Mapping storm surge risk for the Indian east coast using a tropical cyclone surge potential index model. ISH Journal of Hydraulic Engineering. 2025 Aug 8;31(4):805-23.
5. Noakes DE, Parkinson TJ, England GCW. Arthur's veterinary reproduction and obstetrics. 9th Ed. Edinburgh: Saunders Elsevier; 2009.
6. Roberts SJ. Veterinary obstetrics and genital diseases (Theriogenology). 3rd Ed. New Delhi: CBS Publishers; 2004.
7. Jackson PGG. Handbook of veterinary obstetrics. 2nd Ed. London: Saunders; 2004.

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Conclusion

Timely intervention and appropriate therapeutic management are really important factors in resolving dystocia. In the present case study, dam went into dystocia due to primiparity, incomplete cervical dilatation and lateral displacement of fetal head. This study reports successful delivery and uneventful recovery of the dam.

Conflict of Interest

Not available

Financial Support

Not available

Reference

1. Sharma R, Gupta S, Das GK, Ghosh SK. Dystocia due to incomplete cervical dilatation and breech presentation of