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Successful management of dystocia due to twin pregnancy in a graded Murrah buffalo

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Abstract

Twin pregnancies in large animals are often associated with dystocia and risk of calf mortality but successful calvings were also recorded. A full-term pregnant Graded Murrah buffalo suffering from dystocia was referred to the College of Veterinary Science, Department of Veterinary Clinical Complex, Proddatur. The buffalo was in lateral recumbency, with a protruded head of a dead foetus from vulva and was severely exhausted due to straining since last two days. It had two successful calvings previously with two separate live births. Per-vaginal examination revealed the presence of two foetuses without any reflexes suggesting mortality in-utero. The presented foetus was in antero-longitudinal presentation and dorso-pubic position with both limbs extended. The foetus was emphysematous with autolytic changes suggesting prolonged duration since its death and could not be retrieved by traction. Cephalotomy of the presenting foetus was performed following epidural anaesthesia with 2% lignocaine and the calf was decapitated near the atlas-occipital joint using a scalpel. Subsequent traction delivered the dead male calf. The second foetus was in antero-longitudinal presentation, dorso-sacral position with flexion near elbow joint and was also confirmed as dead and subsequently pulled out by traction after correcting the carpal flexion. The detached placenta was also removed, and per-vaginal examination conducted to rule out uterine rupture and the buffalo was treated with antibiotic ceftriaxone @ 5mg/Kg Bwt, I/M, Meloxicam @ 0.3mg/Kg Bwt, I/M and chlorpheniramine 10ml I/M for five days to promote clinical recovery. The animal showed signs of recovery by standing on its own and with increased appetite.

Keywords: Cephalotomy, dystocia, graded Murrah buffalo, twin pregnancies

1. Introduction

Twin pregnancy in buffaloes and cattle is considered an important reproductive condition due to its association with increased obstetrical complications such as dystocia, retained fetal membranes, uterine inertia, and calf mortality¹. Dystocia remains one of the major reproductive emergencies in buffaloes, often resulting from foetal maldisposition, congenital abnormalities, or multiple foetuses². In cases where foetuses are dead and emphysematous, vaginal delivery by traction becomes difficult, and fetotomy techniques such as cephalotomy are often recommended as an alternative to caesarean section. Caesarean operation in buffalo is considered unpredictable and complicated due to higher postoperative complications including infection and delayed healing^{1,3}. The present case report describes the successful management of dystocia in a full-term Graded Murrah buffalo with twin foetal mortality using cephalotomy and assisted traction, followed by supportive therapy.

2. Case History and Clinical Observations

A full-term pregnant Graded Murrah buffalo was presented with a history of dystocia and continuous straining for the last two days. The buffalo had delivered two live calves previously in separate calvings. On clinical examination, the animal was found in lateral recumbency, severely exhausted, and the head of a dead foetus was protruding from the vulva. Per-vaginal examination revealed the presence of two foetuses without any reflexes, confirming intrauterine foetal death. The presenting foetus was in antero-longitudinal presentation and

dorso-pubic position with both forelimbs extended. The foetus was emphysematous with autolytic changes, indicating prolonged foetal death.

3. Treatment and Obstetrical Management

Since traction was unsuccessful due to emphysema and foetal enlargement, fetotomy was planned. Epidural anaesthesia was administered using 2% lignocaine. Cephalotomy of the presenting foetus was performed, and the calf was decapitated near the atlas-occipital joint using a scalpel. Following this, traction was applied, and the dead male calf was successfully delivered. The second foetus was found in antero-longitudinal presentation and dorso-sacral position with flexion near the elbow joint. The foetus was also confirmed dead. After correction of carpal flexion, the foetus was delivered by gentle traction. The detached placenta was removed manually. Per-vaginal examination was conducted to rule out uterine rupture or injury. Post operatively animal was managed with broad spectrum antibiotics and NSAIDs and it was managed with calcium Boro gluconate and fluid therapy After 5 days the animal showed clinical improvement and regained its appetite normal



4. Discussion

Twin pregnancies significantly increase the incidence of dystocia and fetal mortality in bovines due to overcrowding, abnormal foetal posture, and delayed parturition¹. Prolonged dystocia often results in foetal death, emphysema, and maternal exhaustion, complicating vaginal delivery³. In the present case, the emphysematous condition of the foetus prevented delivery by traction alone. Cephalotomy proved to be an effective fetotomy technique for relieving dystocia without resorting to caesarean section. Fetotomy is often preferred in cases involving dead foetuses as it minimizes surgical risks and improves dam survival². Postoperative antibiotic, anti-inflammatory, and fluid therapy played a vital role in preventing infection and prompt recovery.

5. Conclusion

This case report demonstrates that cephalotomy followed by assisted traction is a successful and practical obstetrical approach for managing dystocia due to dead emphysematous twin foetuses in buffaloes. Prompt intervention and adequate postoperative supportive therapy ensure favourable recovery and survival of the dam.

Conflict of Interest

Not available

Financial Support

Not available

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