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Management of dystocia due to narrow pelvis in a non descript buffalo

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ABSTRACT
Incidence of dystocia was found to be higher in heifers and dystocias due to maternal causes, pelvic deformities account for 1-2 % of dystocias due to maternal causes viz., small sized pelvis, pelvic fractures, osteomalacea and hypoplasia of vagina and vulva. On the basis of history and gynaeco - clinical examination the condition was diagnosed to be a case of dystocia due to narrowed pelvis.In this paper, we discussed Management of dystocia due to narrow pelvis in a non descript buffalo.
Keywords: ***dystocia, narrow pelvis***

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INTRODUCTION

Incidence of dystocia was found to be higher in heifers and dystocias due to maternal causes, pelvic deformities account for 1-2 % of dystocias due to maternal causes (Jainuddin, 1986) viz., small sized pelvis, pelvic fractures, osteomalacea and hypoplasia of vagina and vulva (Purohit *et al.,* 2011). Dystocia due to fracture of pelvis was not a common cause according to Roberts (2004). In another study Sharma *et al*. (1992) reported 9.2 % of total dystocias of maternal origin were due to narrow pelvis. In such dystocias, parturition may not proceed over first stage, as the chances of calf being struck in the pelvic inlet are more. Surgical intervention is the only way to opt for delivering the calf, as forced traction may endanger life of both dam and calf (Samantha, 2011).

HistoryA seven and half years old non-descript buffalo in his 4th parity having full gestation period was presented with rupture of water bag at least 10 to 12 hours prior. Further, there was a history of pelvic fracture about one and half years ago in a road accident**.**

Gynaeco-Clinical Examination

Clinical examination revealed normal rectal temperature, respiration rate. Abdominal straining had ceased. Externally, level of left wing of ilium was lowered compared to right (Figure 1) . Per – vaginal examination revealed narrow pelvic cavity due to mal-united fractured shaft of left ilium leading to very less space (only one hand could be inserted in the birth canal) and very sharp projection of the fractured bone in the cavity.

Diagnosis

On the basis of history and gynaeco - clinical examination the condition was diagnosed to be a case of dystocia due to narrowed pelvis.

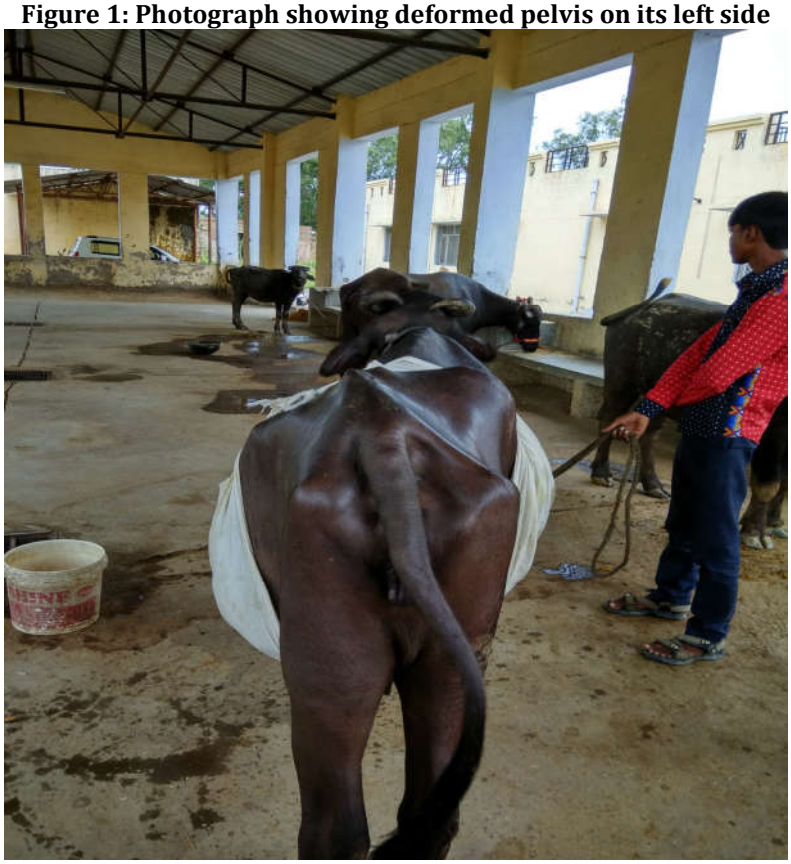
TREATMENT AND DISCUSSION

After gynaeco - clinical examination, it was decided to go through Cesarean section to releave dystocia as vaginal delivery was not possible. A caesarean section was performed as described by Roberts (1971) by

giving oblique incision parallel to milk vein under local anaesthesia and a full term dead fetus was extracted out. Following laparohysterotomy, the buffalo was treated with injection Ceftiofur sodium 1 gm s.i.d for 5 days by I.M. route, inj. Ringer's lactate 4 liters as I.V. infusion for 3 days and injection Meloxicam 20 ml I.M for 5 days. Inj. Calcium borogluconate 450 ml slow I.V. was given only once. The buffalo was discharged after 7 days with uneventful recovery.

Sharma *et al*. (1992) and Kamalakar *et al.* (2016) also reported similar case of dystocia due to narrow pelvis resultant of an accident. In present case, Dystocia was due to narrow pelvis resultant of train accident . Due to this mishap, the shaft of ilium got fractured and its sharp edged fragments were inwardly projected into pelvic cavity and healed by mal – union which lead to obstruction of birth canal. This forced us to opt for caesarean, which was also recommended by Samantha (2011). Even though the animal recovered well, its reproductive future is questionable, as it requires surgical intervention in all deliveries. Hence, the owner was advised either to cull the animal or not to breed it further.

Figure 1: Photograph showing deformed pelvis on its left side



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