ISSN: 2319-3441 (Online), ISSN: 2349-3690 (Print) Volume 7, Issue 1 www.stmjournals.com

# Dystocia Due to Transverse Presentation an Ongole Cow: A Rare Case Report

**Thangamani** A.<sup>1</sup>, **Ravi Kumar** P.<sup>2</sup>,\*, **Srinivas** M.<sup>1</sup>, **Chandra Prasad** B.<sup>1</sup>, **Sadasiva Rao** K.<sup>1</sup>

Department of Veterinary Gynaecology and Obstetrics, NTR College of Veterinary Science,
Gannavaram, Andhra Pradesh, India

<sup>2</sup>Department of Veterinary Surgery and Radiology, NTR College of Veterinary Science, Gannavaram, Andhra Pradesh, India

## Abstract

Transverse presentation rarely reported in bovines. Diagnosis and treatment of transverse presentation requires skills. Dystocia due to transverse presentation an Ongole cow was successfully handled following caesarean section. It was discussed herewith.

Keywords: Dystocia, Transverse presentation, Ongole cow, Caesarean section

\*Author for Correspondence E-mail: ravikumarpallitvm1018@gmail.com

## INTRODUCTION

Transverse presentation is an abnormal presentation, neither head nor breech or buttocks, in which the foetus lies transversely present in the uterus across the axis of the birth canal. It is characterised by presence of convex dorsum of the foetus facing the cervix [1]. This type of abnormal presentation often seen in mare; rare in cow [2]. The present case reports dystocia due to transverse presentation and it was successfully handled following caesarean section.

# CASE HISTORY AND OBSERVATION

A full term pregnant pleuriparus Ongole cow was presented at obstetrical unit, NTR CVSC, Gannavaram with history of showing severe straining since 12 h. The case already attempted by local para vet that was futile. Perineal area completely washed with potassium permanganate solution (1:1000) before examination. Per vaginal examination revealed, transverse presentation, ventral position, right cephalo-ilial with one fore limb and one hind limb in the birth canal. Foetus wedged in the birth passage with devoid of foetal fluid. No space for mutational operation. Decision was taken to perform caesarean to deliver the foetus.

# TREATMENT AND DISCUSSION

The cow was stabilised with massive fluid therapy with Dextrose 5% and Ringers lactate solution. The animal was casted on right lateral recumbency following securing the limbs (Figures 1–3). Right lower flank area prepared aseptically. Uterus was exteriorised through laparotomy incision site followed by incision made on uterus. A dead male foetus removed from the uterus through incision site. Complete examination of uterus revealed no abnormality in the uterus. Furozolidone bolus (4 bolus) placed into the uterus. Uterus, muscle, sub-cutaneous, skin closed as per standard surgical techniques. The subject post operatively administrated with Bovicillin 3.0 g (Amoxycillin and Dicloxacillin), Meloxicam @ 0.2 mg/kg, Chlorphenaramine maleate @ 0.2 mg/kg i.m, for six consecutive days. Animal recovered uneventfully on 11th days of postoperative care.

Mal presentation in cattle was rarely reported. Dystocia due to faulty foetal disposition at parturition may about 26% [3] in that transverse presentation may accounts for 1.3% [4,5]. Noakes et al. (2001) [6] opined apart from longitudinal presentation are common because anatomical orientation of the uterine horns and absence of a distinct uterine body not favour for transverse presentation in bovines but, in this case reports transverse presentation. Transverse presentation can be identified by presence of head and all four limbs in the birth passage, but in this case one fore limb and one hind limb in the birth canal with head nearer to the right ilial site palpated. Purohit, (2012) opined that version technique extremely difficult for correction of transverse presentation per vaginally in practical condition. and Vandenplassche, (1990) [7], Nakhashi, (2009) [8], Purohit, (2009) suggested that transverse presentation in mare, cow caesarean section is the best option for delivery of foetus. In this present case reports already attempted by local para vet, dry birth canal with wedging of the foetus in the birth canal necessitate the caesarean section.



Fig. 1: Preparation of Surgical Site.



Fig. 2: Lapro-hysterotomy.



Fig. 3: Dead Male Foetus.

#### **CONCLUSION**

A rare case of dystocia due to transverse presentation in an Ongole cow presented to the clinics. Version technique for correction of transverse presentation not always gives good prognosis to dam. Institution of massive fluid therapy followed by Cesarean section and post-operative therapy leads uneventful recovery of an Ongole cow was recorded in Andhra Pradesh.

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# **Cite this Article**

Thangamani A, Ravi kumar P, Srinivas M, *et al.* Dystocia Due to Transverse Presentation an Ongole Cow: A Rare Case Report. *Research & Reviews: Journal of Veterinary Science and Technology.* 2018; 7(1): 3–4p.