

Dystocia in Nellore Brown Ewe Due to Breech Presentation of Twin Lamb

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Abstract

A Nellore Brown ewe in its first parity was presented to the clinic with a complaint of abdominal straining. Previous day it delivered a live male lamb. Abdominal palpation revealed presence of another lamb. Per vaginal examination revealed breech presentation of lamb. Both rear legs brought into birth canal and a dead female lamb removed with gentle traction. Prolonged dystocia may lead to death of lamb and economical losses, if presented early the lamb losses can be lowered.

Keywords: Breech presentation, traction, dystocia, nellore brown, fetal

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INTRODUCTION

Dystocia or difficult birth can occur as a result of abnormal fetal presentation or position but normal births can occur despite such abnormalities. The incidence of dystocia is generally low, accounting to 3% in the ewe [1]. Among maldisposition dystocias shoulder flexion is the commonest followed by carpal flexion, breech presentation, lateral deviation of head and transverse presentation. Posterior presentation markedly predispose to difficult births. Anomalies for posterior presentation include deviation of the limb, complete retention or extension of rear limbs beneath the body or breech presentation [2]. Delay in the treatment of dystocia will increase risk of losing the lamb as well as the ewe. Prolonged duration of dystocias and mishandling by quacks result in deterioration of clinical condition [3]. The present paper reports a delayed case of fetal maldisposition dystocia in Nellore Brown ewe.

CASE HISTORY AND CLINICAL OBSERVATIONS

A Nellore Brown ewe aged 1.5 years was presented to the clinic with a complaint of abdominal straining (Figure 1). Previous day morning animal gave birth to one live ram lamb. The owner observed the ewe straining again after few hours. Clinical examination revealed pale mucous membranes, normal

respiration rate and elevated pulse rate. Abdominal palpation revealed presence of another fetus. Upon pervaginal examination, rear quarters and tail of fetus felt and breech presentation of fetus confirmed.

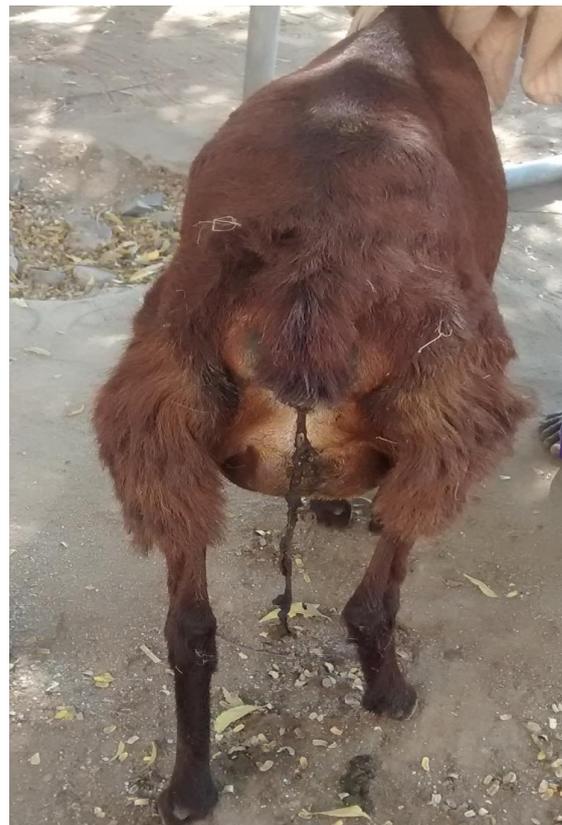


Fig. 1: Ewe Presented with a Complaint of Dystocia.

TREATMENT AND DISCUSSION

After administration 2.5 ml of Lignocaine HCL as epidural analgesia, 40–50 ml of liquid paraffin infused into the vagina. A well lubricated hand passed into vagina, repelled the lamb, grasped right rear leg brought it into the birth canal and followed with the other leg (Figure 2) taking extreme care because the toes of the rear leg can easily injure the wall of the uterus during this procedure. After bringing both rear legs to the exterior, with gentle traction a dead female fetus removed (Figure 3). Administered an injection of Enrofloxacin @ 5 mg /Kg Bwt, DNS 5% (500 ml I/V) inj. Melonex @0.5 mg/Kg Bwt, Furea bolus kept I/U and the treatment continued for next 5 days.



Fig. 2: Ewe with Both Hind Limbs of Fetus Brought to Exterior.



Fig. 3: A Dead Female Lamb Delivered After Traction.

Twinning does not significantly increase the sheep dystocia overall. Hindson and Schofield noted that in twin births when one fetus occupied each horn, one horn developed contractility before the other [4]. Within 30 min after the delivery of first one, 55% of second lambs were born and increased to 80% within one hour. In the present case, after giving birth to one normal ram lamb, dystocia might developed due to breech presentation of the twin lamb. Due to delayed presentation of dam, the lamb was lost. A considerable proportion of twin lambs are presented posteriorly and because of lack of uterine space, especially when both lambs occupy one uterine horn, one or both hind legs may fail to extend into the vagina [5]. The ability to recognize lambing difficulty is one important aspect. The delay in the treatment of dystocia will increase the risk of losing lamb and its mother. Cervix might undergo secondary constriction due to prolonged dystocia demanding caesarean section [6]. Prolonged dystocia may cause necrotic metritis which is usually fatal [7, 8].

Survival of the dams and their fetuses presented for treatment of dystocia irrespective of whether they are managed manually is directly related to their clinical status. Animals presented with undue delay and those handled earlier showed typical toxemic changes of varying magnitude [3]. In the present case, as it was not handled before the clinical status of ewe was fair, but due to undue delay the lamb succumbed. Usually sheppards do not seek veterinary aid with dystocia cases [9]. Umaru *et al.* opined that sheppards should be enlightened to seek for veterinary antenatal services and to present the cases early enough to limit economic losses due to fetal or maternal mortality [10].

CONCLUSION

It is concluded that relieving dystocia by vaginal approach can be achieved in fetal maldisposition cases and undue delay in the presentation of cases leads to loss of lambs.

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