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Per-vaginal delivery of a lipomatous fetus accompanying with ascites in a Murrah buffalo

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Abstract

An eight years old pluriparous Murrah buffalo at full term of gestation suffering from dystocia was presented to Veterinary Clinical Complex of the university. Per-vaginal examination of the dam revealed both hind limbs of the fetus extended in the birth canal, fetal ascites and large mass in the abdomen. Ascitic fluid and lipomatous mass were removed manually after puncturing the fetal abdomen and the deformed fetus was delivered per vaginally by gentle traction.

Keywords: Ascites, buffalo, dystocia, lipomatous fetus

Introduction

Congenital malformations (due to genetic causes) represent a hidden danger for animal production and reproduction, above all when genetic selection is undertaken for production improvements and are responsible for economic losses either because they reduce the productivity of the farm, or because their spread in the population would decrease the total productivity of that species/breed [1]. Congenital abnormalities are present at birth and dropsy of peritoneum i.e. fetal ascites is a common accompaniment of infectious disease of the fetus and of developmental defects such as achondroplasia [2]. Neoplasms of adipose tissue rarely occur in adult cattle and are usually single and localized in abdominal cavity. Incidence of subcutaneous lipomas appears to be quite low and usually reported in adult cattle [3]. Congenital neoplasms are uncommon in animals, especially in bovids [4]. Genetical, environmental factors, carcinogenic drugs or miscellaneous toxic substances are among the probable causes of this neoplasm [5]. Little information is available on congenital lipomas in calves [6]. The Present case report deals with oversized lipomatous fetus with ascites in a Murrah buffalo and its successful management.

Case report

Eight years old pluriparous Murrah buffalo (OPD No. E-10-4514 dated 27.10.2018) suffering from dystocia was brought to the Veterinary Clinical Complex of LUVAS, Hisar. Animal was dull, depressed and exhausted due to constant straining. Epidural anaesthesia was given with 5ml of 2% lignocaine hydrochloride. Per-vaginal examination revealed dead fetus in posterior presentation, dorso-sacral position with hind limb extended in birth canal. Lump of round mass was palpated in distended fetal abdominal cavity filled with excessive fluid. The abdominal cavity of fetus was punctured by chiselled long eye hook to evacuate the ascitic fluid and to remove the round mass. After removal of round mass, fetus was delivered by applying gentle traction on fetal hind limbs with the help of snares (Fig.1). The placenta was expelled within fifteen minutes after removal of the fetus. Histopathological examination of fetal abdominal masses revealed lipomatous in origin. The kidneys of the fetus were embedded in lipomatous mass.

The dam was administered with Inj. Metrogyl® (JB Chemicals; Metronidazole 3000mg/600 ml) IV, Inj. Cefwell forte® (Cefoperazone plus sulbactam; Macwell pharma) 4.5g IM, Inj. Megludyne® (Flunixin meglumine; Virbac Animal Health India Pvt Ltd.) 1000 mg IM, Inj. Avilin® (Pheniramine maleate; MSD Animal Health) 10 ml IM, Inj. Ergovet® (Methyl-ergomertrine maleate; Carus Laboratories Pvt. Ltd.) 10 IM, Inj. Mifex® (Calcium-magnesium-boro-gluconate; Novartis India Limited)

450 ml slow IV, Inj. Dextrose Normal Saline (Dextrose 5%; Fresenius Kabi) 5 litres IV and Inj. Evatocin® (Oxytocin; Neon laboratories) 10ml in 1 liter of normal saline IV.

Histopathological studies revealed lipomatous mass showing adipose cells with eccentrically placed nuclei (Fig. 2). The section of liver showed vacuolar degenerative changes in hepatocytes and infiltration of mononuclear cells mainly lymphocytes (arrows) in periportal areas (Fig. 3). The fetal kidneys showed cellular degenerative changes characterized by cellular swelling, vacuoles in cytoplasm of renal tubular epithelial cells and occlusion of tubular lumen (Fig. 4). Similarly, the alveoli of fetal lungs exhibited air spaces with wavy outlines, bronchioles and single layer of capillaries (Fig. 5).



Fig 1: Dead fetus with lipomatous mass

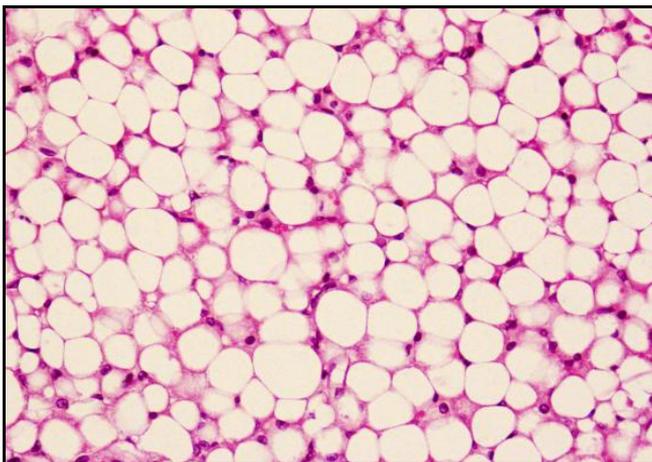


Fig 2: Section of lipomatous mass showing adipose cells with eccentrically placed nuclei. H&E×400

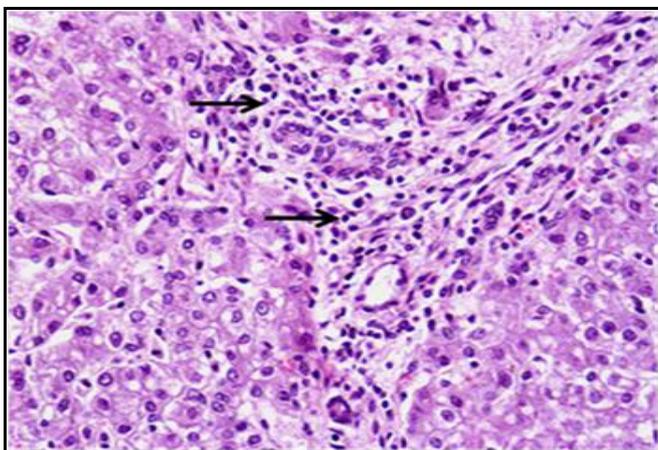


Fig 3: Section of liver showing vacuolar degenerative changes in hepatocytes and infiltration of mononuclear cells mainly lymphocytes (arrows) in periportal areas. H&E×400

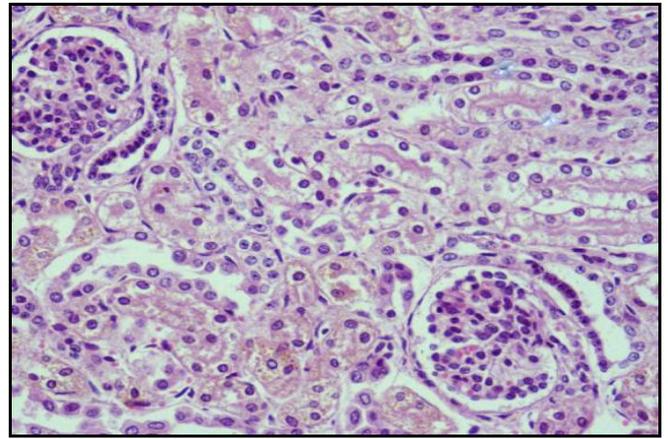


Fig 4: Section of foetal kidney showing cellular degenerative changes characterized by cellular swelling, vacuoles in cytoplasm of renal tubular epithelial cells and occlusion of tubular lumen. H&E×400

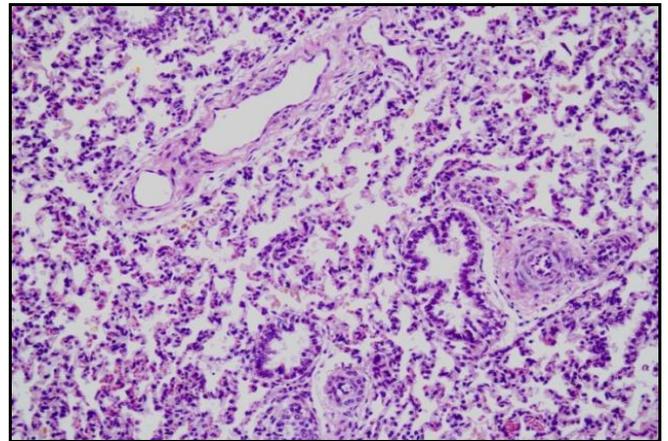


Fig 5: Section of foetal lung showing developing alveoli exhibiting air spaces with wavy outlines, bronchioles and single layer of capillaries. H&E×100

Discussions

Fetal ascites is seen as an occasional cause of dystocia in many species but occurs most often in the cow. It may be caused either by the overproduction or insufficient drainage of fetal peritoneal fluid. Obstruction of the lymphatics, for various reasons may prevent the disposal of peritoneal fluid [7]. Ascites can also occur due to reduced urinary excretion [8]. Lipomas are rare in cattle and usually are located in internal organs. Relieving the dystocia in lipomatosis calves in anterior presentation is difficult when compared to posterior presentation due to accumulation of fat in abdominal cavity. Sometimes the long pedunculated lipomas that may be found in the abdomen may twine around the intestines causing strangulation [9]. Cases of dystocia due to fetal ascites [10] and lipomas [11] in buffaloes have been reported.

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