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Management of Dystocia Due to Fetal Ascites in Boer Goat: A Case Report

Abstract
Dystocia in goats is due to fetal causes is uncommon. However, there are reports suggesting dystocia due to fetal dropsy. Present case report show dystocia in Boer goat due to fetal ascites. This case report is about the successful management of dystocia due to fetal ascites in Boer goat by giving an incision on the hind limb and making an entry into the fetal abdomen to take out the fluid. Evisceration was done for completely removing the fetus.

Keywords: Ascites, Boer goat, Dystocia, Subcutaneous fetotomy

Introduction
Foetal ascites is seen as a cause of dystocia in many species but occurs rarely in does. Dropsy of the peritoneum is a common accompaniment of infectious disease of the fetus and may cause dystocia in cows (Arthur et al., 1986) [2]. A case of dystocia due to fetal ascites in a Boer goat is reported which is a very rare event.

Case history and observation
A 3 year Boer goat in second parity completed full gestation period was presented at Teaching Veterinary Clinical Complex, Nagpur Veterinary College Nagpur during noon hours for not delivering fetus since today morning 6 A.M. The water bag has ruptured but second stage was not progressing further. All the vital signs were normal and straining continuously. Traction on both the hind limbs was not able to deliver the fetus by the owner itself. On external examination, swollen fetal hind limbs were presented in the hanging position from the vulva.

Before the per-vaginal examination, the external genitalia is cleaned with a weak potassium permanganate solution. Lubrication of sleeved hand is done with sweet oil and careful per-vaginal examination was done. The cervix was dilated completely and the obstetrician was able to pass his hand up to fetal abdomen. Slight traction was applied on hind limbs and the fluid ripples moved towards the anterior side, thus making a lock while traction. The fetus was in posterior longitudinal presentation, dorso-sacral position with both hind limbs was hanging from the vulva. Upon fetal ballottement, the fluid feeling of the abdomen was noticed. Thus the diagnosis was made that dystocia was due to the fetal origin and was due to fetal ascites. Thus making fetus relatively oversized.

Treatment
Before handling, the doe was administered with dexamethasone, analgesics and antihistamines. An incision was given on the hind limb of fetus lateral to the hock joint and subcutaneous tissue was separated. The obstetrician’s hand entered into the abdominal cavity from the medial side of the thigh. Suddenly almost 4 to 5 liters of straw-colored fluid was released out as a burst. On applying traction, the fetus was still not coming out so evisceration was done for reducing the size further. After properly lubricating the fetus’s dorsal surface, the fetus was delivered successfully. Post obstetrical treatment was done with Inj. Ringer’s lactate 250 ml I/v, Inj. Dextrose 25% 250 ml I/v, Inj. Calcium Borogluconate @ 1ml/kg BW I/v, Inj. Ceftriaxone @ 15 mg/kg I/v, Inj. Melonex @ 0.5 mg/kg I/m. the owner was advised to continue the same treatment for 3 days.
Discussion
It may be caused either by the overproduction or insufficient drainage of peritoneal fluid. Obstruction of the lymphatics, for various reasons, may prevent the disposal of peritoneal fluid (Sloss and Duffy, 1980) [6]. S. Prakash 2017 [4] noticed the ascites case in the posterior presentation in a non-descript doe. M. Honparkhe 2003 [3], S. K. Sheetal 2017 [5], Ankit Kumar Ahuja 2017 [1] have found the same in cows and buffaloes. In this particular case, evisceration was also done which helped the process to be completed almost in 10 minutes. The poor farmers cannot bear the cost of the cesarean section and post cesarean fertility is also questionable. Thus this approach is very helpful from the farmer’s point of view.

Conclusion
The subcutaneous entry into abdomen save the female genitalia from the injuries and evisceration helps in reducing the size of the fetus for easy delivery. Subcutaneous fetotomy can save the future fertility which is sometimes affected in cesarean section.

References