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## Dystocia due to *Schistosoma reflexus* in a Nellore brown EWE: A case report

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### Abstract

*Schistosoma reflexus* is a fetal congenital disorder seen most commonly in cattle but rarely observed in small ruminants. A *Schistosoma reflexus* presented with its extremities delivered successfully pervaginally in a pleuriparous Nellore Brown ewe was reported. All clinical parameters were within normal limits. Upon per-vaginal examination, the fetal head was present at the pelvic brim. Based on this, a tentative diagnosis of dystocia due to malpresentation was made.

**Keywords:** *Schistosoma reflexus*, pervaginal, pleuriparous, Nellore ewe

### Introduction

*Schistosoma reflexus* is a fetal congenital disorder seen most commonly in cattle but rarely observed in small ruminants (Roberts, 1971) [8]. The thoracic and abdominal viscera are exposed and fetal head lies near its sacrum are the characteristics of *Schistosoma reflexus*. The limbs are usually ankylosed and rigid. A true *Schistosoma* is classified as a case with both viscera exposed and inversion of the spine. This congenital anomaly generally occurs during embryonic development of the fetus. *Schistosoma* occurs mainly due to the transfer of autosomal recessive genes having incomplete penetrance to the developing embryo (Laughton *et al.*, 2005; Balamurugan *et al.*, 2020) [3, 1]. Successful per vaginal management of *Schistosoma reflexus* presented with its extremities in Nellore Brown ewe is reported.

### Case history and clinical observations

A pleuriparous Nellore Brown ewe was presented to the Veterinary Clinical complex, College of Veterinary Science, Proddatur with a complaint of straining since early hours of the day. The ewe was standing and four fetal limbs were protruded from the vulva (Figure 1). All clinical parameters were within normal limits. Upon per vaginal examination fetal head was present at pelvic brim. Based on this, a tentative diagnosis of dystocia due to malpresentation was made.

### Treatment and Discussion

After giving epidural anaesthesia, limbs with rigid joints were repelled to take out fetal head. The birth canal was lubricated sufficiently to remove the forelimbs and by careful traction removed *Schistosoma* dead fetus (Figure 2). The head of the monster was normal and abdominal wall was not fully developed and all viscera remained outside with curved spine and ankylosed limbs. The ewe was treated with antibiotic, anti-inflammatory and antihistamines in prescribed doses parenterally for five days.

*Schistosoma* is a rare kind of fetal monstrosity seen primarily in cattle. *Schistosoma reflexus* may be presented viscerally or by its extremities. Natural birth in visceral presentation is fairly common (Noakes *et al.*, 2009) [5]. Suthar *et al.*, (2011) [11], Singh *et al.*, (2017) [9] and Promod *et al.*, (2020) [7] reported per vaginal delivery and Tsuma and Abuom (2008) [10] recorded correction by caesarean section in visceral presentation of SR in ewes and does. However Motunrayo *et al.*, (2015) [4] published pervaginal delivery of *Schistosoma reflexus* conjoined twins in ewe.

When a *Schistosoma reflexus* presents by its extremities together with ankylosis of joints, is likely to prevent manipulative delivery. However, the present case was exceptional as *Schistosoma* presented by its four ankylosed limbs, could be delivered per vaginally using mutational operations as the birth canal was sufficiently relaxed and well lubricated.

The cesarean operation was suggested for this type of presentation unless the fetus is small by Noakes *et al.*, (2009) [5]. Like the present case, Kumar *et al.*, (2016) [2]; Prabhakaran *et al.*, (2020) [6] recorded ventro transverse presentation and per vaginal delivery in does and Kumar *et al.*, (2016) [2] opined that extremities presentation common in does compare to visceral presentation.



**Fig 1:** Nellore Brown ewe suffering from dystocia with exposed fetal extremities



**Fig 2:** *Schistosoma reflexus* with exposed viscera and ankylosed limb

### Conclusion:

All clinical parameters were within normal limits. Upon per vaginal examination fetal head was present at pelvic brim. Based on this, a tentative diagnosis of dystocia due to malpresentation was made. It is suggested that further research should be done in this area.

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