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Congenital goitre in twin goat kids: A case report

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Abstract

A five-year-old pregnant goat was presented to the TVCC, ANDUAT, Kumarganj, Ayodhya, having completed its gestation period with a history of straining for the last four hours. Upon examination, two kids were delivered manually; both were stillborn. Each fetus exhibited bilateral enlargement in the cranioventral region of the neck corresponding to the thyroid gland. The skin was pale, thickened, edematous (myxedematous), and hairless. Gross and histopathological findings confirmed congenital goitre.

Keywords: Goat, Congenital goitre, Thyroid gland

1. Introduction

Iodine deficiency induces hypertrophy and hyperplasia of the thyroid follicles, resulting in non-neoplastic and non-inflammatory enlargement of the gland, commonly referred to as goitre. In small ruminants, especially goat kids, congenital goitre is a significant condition characterized by prolonged gestation, myxoedema, increased foetal size, and dystocia.

The main etiological factors include dietary iodine deficiency in the dam, ingestion of goitrogenic plants (such as those belonging to the Brassica family), and hereditary or congenital hypothyroid conditions. The present report describes a case of congenital fetal goitre in twin goat kids leading to dystocia.

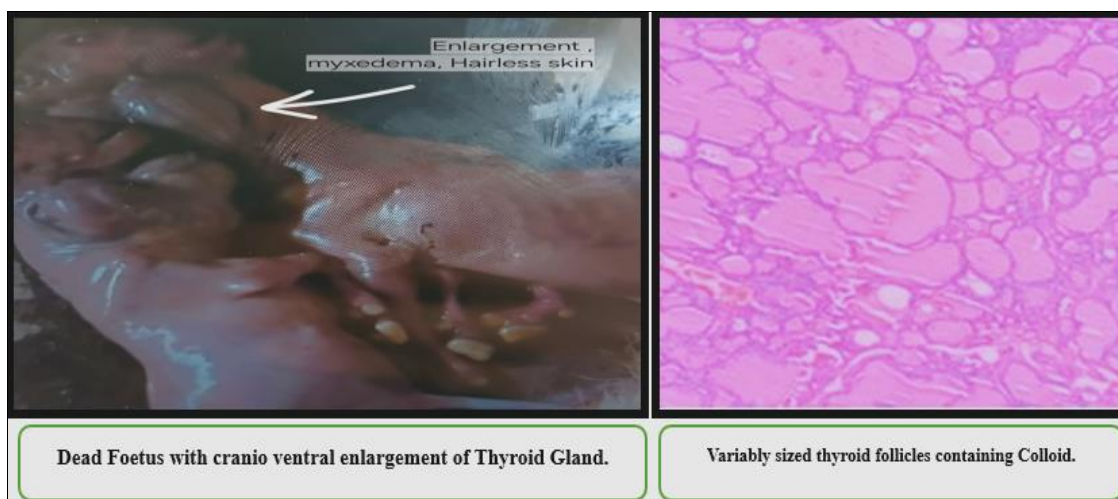
Case history and observation

A pregnant goat was brought to the TVCC, ANDUAT, Kumarganj, for clinical examination. Per-vaginal inspection revealed complete cervical dilation. With manual assistance, two dead foetuses were delivered, both exhibiting noticeable bilateral swellings in the cranioventral cervical region. The carcasses were subjected to detailed gross pathological examination.

Gross examination and histopathology

Grossly, the skin of both foetuses was thickened, oedematous, pale, and devoid of hair, consistent with myxoedema (Cheema *et al.*, 2010). The enlarged cervical masses were smooth, soft, and unassociated with adjacent tissues.

For histopathological evaluation, tissues from the enlarged thyroid regions were processed by standard histological methods and stained with Haematoxylin and Eosin. Microscopic examination revealed variably sized thyroid follicles containing colloid and lined by one to multiple layers of hyperplastic follicular epithelial cells. Marked vascular congestion was also observed, indicating follicular cell hyperplasia and hyperactivity of the gland.



Conclusion

Iodine deficiency in the maternal diet, ingestion of goitrogenic plants (*Brassica* spp.), or hereditary enzymatic defects such as dyshormonogenetic goitre can lead to thyroid enlargement in offspring. Congenital goitre is commonly associated with late-term abortions, stillbirths, or early neonatal deaths characterized by myxoedema and alopecia. This case emphasizes the importance of adequate iodine supplementation in the diet of pregnant does to prevent congenital goitre and related reproductive losses.

Conflict of Interest

Not available.

Financial Support

Not available.

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