THE SCIENCE WORLD
A Monthly e Magazine
ISSN:2583-2212
Popular Article
October 2024 Vol.4(10), 3835−3836

Successful Clinical Management of Dystocia in A Goat - A Case Report

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https://doi.org/10.5281/zenodo.13941979

Abstract

A one-year-old full term pregnant goat presented to the veterinary clinical complex, C. V. Sc, Korutla with a history of straining for 24 hours but unable to deliver the fetus. Clinical and Per-vaginal examination revealed dystocia due to downward deviation of the head and bilateral shoulder flexion of the fetus. The goat was treated with Inj. Epidosin-20 mg i/m and given epidural anesthesia with Inj. Lignocaine-2 ml at sacro-coccygeal space and the mal posture of the fetus was corrected by mutational operations and dystocia was relieved by manual traction. The goat was treated with Inj. Ceftriaxone-500mg I/M, Inj. Meloxicam-2ml I/M, Inj. Chlorpheniramine maleate-2 ml I/M, Inj. Tribivet-1 ml I/M and the treatment was continued for next 5 days and animal recovered uneventfully.

Keywords- Dystocia, goat, malposture

Introduction

Dystocia (Difficult birth) is a common problem in small ruminants like goats, often leading to economic loss due to death of the dam and foetus. The causes of dystocia can be maternal or fetus with malposition or malpostures. The incidence of dystocia in goats varies between 5-50% and mostly seen in dams carrying single and male foetus(Purohit, 2006). Proper diagnosis and timely intervention are crucial to ensure the survival of both the dam and offspring.

Case History and Clinical Findings

A one year-old full term pregnant goat was presented to the veterinary clinical complex, C.V.Sc korutla with a history of straining since 24 hours. The owner reported that the goat had been in labor but was unable to deliver the kid. On clinical examination temperature-103°F, pulse rate-80 bpm and pale conjunctival mucous membranes (CMM), swollen vulva and vaginal discharges were observed. Per vaginal examination revealed a downward deviation of the head and bilateral shoulder flexion of the fetus noticed. The case was diagnosed as dystocia due to downward deviation of head with bilateral shoulder flexion.

Treatment

The goat (doe)was initially given epidural anesthesia with Inj. Lignocaine-2 ml to prevent the pain& straining and it was treated with Inj. Epidosin-20 mg I/M to facilitate cervical dilation, allowing

for manual correction and per vaginal delivery. The birth canal was fully lubricated with liquid paraffin and the fetus was pushed inside to create space for correction of the mal posture. After repulsion downward deviated head and flexed forelimbs were corrected and the dead foetus was relieved by forced traction. The goat was treated with Inj. Ceftriaxone- 500mg I/M, Inj. Meloxicam-2ml I/M, Inj. Chlorpheniramine maleate-2 ml I/M, Inj. Tribivet-1 ml I/M, liquid Exapar -20 ml P/O and the treatment was continued for next 5 days.

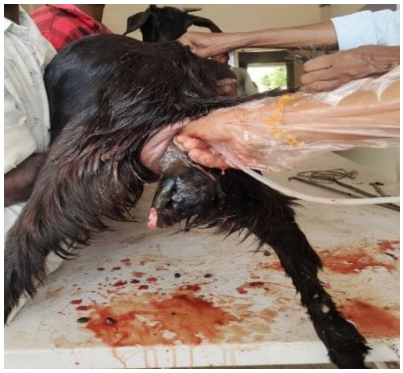

Figure 1- Relieving dystocia by manual traction

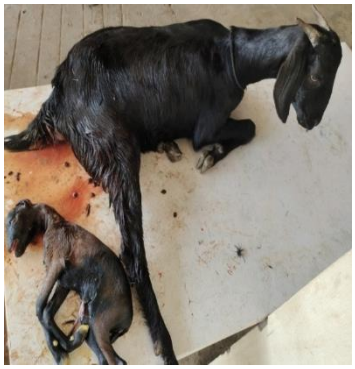

Figure 2- Doe with dead fetus

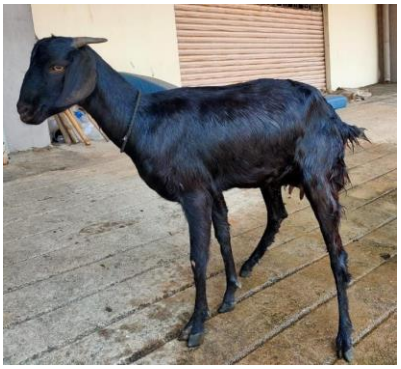

Figure 3- Doe after treatment

Discussion and Conclusion

Dystocia is one of the life-threatening complications causes perinatal death of the fetus and dam, successful management of dystocia depends on early diagnosis of cause of dystocia (foetal or maternal) and timely intervention. After relieving dystocia, comprehensive postpartum care including administration of antibiotics, anti-inflammatories and supportive therapy is essential to prevent the post-partum complications and promote the recovery of the dam. In this case dystocia due to fetal malposture was identified, corrected and relieved by manual traction successfully.

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