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Short Communication

MANAGEMENT OF DYSTOCIA IN A DROMEDARY CAMEL

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Dystocia in farm animals causes considerable losses to the farmers in the form of foetal and maternal losses, subsequent infertility, culling rate and cost of treatment (Sloss and Dufty, 1980; Roberts, 1986; Mee, 2008). However, the causes or forms of dystocia vary from species to species. In camelids, the exceptionally long neck and the foetal extremities predispose to flexion of these as a common cause of dystocia. Incidences of dystocia in the camel have been reported very rarely and vary from 0.4% to 4.6% (Purohit, 2012). While Aboul-Fadle *et al* (1990) have estimated the prevalence of dystocia in camels as 9%. Arthur (1992) and Tibary and Anoussai (2001) have also reported relatively lower incidences from 2 to 5%. Sporadic cases of dystocia in camels have been reported by several researchers in camel raising countries (Gera and Datt, 1981; Elias, 1991; Purohit e*t al*, 2000). A prolonged (>2 hr) 2nd stage of labor, bloody vaginal discharge, intermittent straining or colic are the frequent signs of dystocia in camel (Purohit, 2012). Dystocia due to posterior presentation is rare and reported to be about 8.33% (Purohit *et al*, 2011).

The present report highlights dystocia in a dromedary camel with unusual posterior presentation of foetus with flexion of hind limbs and its successful relieving by pervaginal traction.

Fig 1. Retrieving the foetus from dam by pulling foetal legs.

Case History and Observations

A Bikaneri she camel (7 yrs age) in its 2nd parity was presented to Teaching Veterinary Clinical Complex (TVCC) of College of Veterinary and Animal Science, Bikaner with the history of full term gestation period and had reported to be straining since last 5-6 hrs. The first water bag also got ruptured mean while. The case had also been attended by quacks with failure. Clinical examination, revealed she camel to be dull, depressed, anxious and exhausted with elevated rectal temperature. A per vaginal examination revealed proper dilatation of birth

Fig 2. Delivered dead foetus.

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canal and inflammation of the inner surface of birth canal and vulvar lips. The foetus was in posterior presentation with a posture of flexion of hind leg from fetlock joint and found dead. The animal was administered Xylazine 120 mg intramuscularly. One flexed leg was held by hands and traction with a rope was applied at the fetlock joint to pull it out (Fig 1). Later on, the same procedure was applied for other limb. After extension of both limbs, the foetus was pulled out by applying a simultaneous traction on both hind limbs. The dead foetus was successfully retrieved by traction (Fig 2).

Treatment and Discussion

Subsequent to foetal delivery, animal stopped straining and was given Ceftriazone, 6gm, Calcium Borogluconate 450 ml, 5% Dextrose Normal Saline 5L, Ringers Lactate 3L intravenously and Oxytocin (45 iu), Dexamethasone (40 mg) and Multivitamin 20 ml intramuscularly. Placenta was removed manually after 8 hours. Intrauterine boli were also administered to combat the possible uterine infection. The antibiotic treatment was continued for 5 days alongwith multivitamins as supportive therapy. The animal recovered uneventfully.

Dystocia of foetal origin is common in camels. Foetal causes of dystocia include foetal maldisposition, foetal dropsical conditions and foetal monsters. Among them foetal maldisposition is most common (Purohit, 2012). Manual correction of dystocia is more successful when cases are presented within 12 hours (Anwar and Purohit, 2012). Dystocia due to posterior presentation of foetus is uncommon in the camel and it is difficult to manage due to exceptionally long extremities. In the present case, the foetus was delivered by timely management and applying gentle traction on fetlock joint of flexed legs. Death of foetus might have occurred due to aspiration of fluids following the rupture of the water bag.

It was concluded that if vaginal dilatation is proper in posterior presentation of dystocia with flexed hind leg, the foetus can be removed by traction only by correcting flexed leg.

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