



DYSTOCIA DUE TO FOETAL ANASARCA WITH ASCITES IN A SHEEP- A CASE REPORT

Foetal anasarca with ascites is seen most commonly in cattle and may affect the sheep (Roberts, 1971). Various congenital abnormalities affecting intrauterine foetuses in farm animals have been reported (Arthur *et al.*, 1996). However, such incidences in sheep are occasional (Roberts, 1971). The present article reports a case of dystocia due to foetal anasarca with ascites in a sheep.

A full term pregnant two year old non-descript sheep was brought to the Veterinary College and Research Institute Hospital, Namakkal with history of straining since 24 h and difficulty in delivery of the foetus. The rupture of amnion was noticed 12 h back. The sheep was active and alert. Per vaginal examination following lubrication with cetrimide cream revealed a fully dilated cervix, dry vaginal passage and the presence of foetal head in the birth canal. Examination of the foetus revealed subcutaneous oedema of the entire body indicating foetal anasarca along with fluid accumulation in the abdominal cavity (foetal ascites). Puncture of the foetal abdomen and traction did not help to deliver the foetus. Since oedema was severe, both the fore limbs were separated from the body of the foetus by using embryotomy knife followed by evisceration. Both the hind limbs were separated at the level of acetabulum by embryotomy knife and removed. Finally the pelvis was removed by traction manually. Therefore, total foetotomy was performed to remove the entire parts of the foetus from the uterus (Fig.). The foetal membranes were separated and two boli of uromet were placed in the uterus. The foetal membranes were found to be oedematous. Following foetal delivery, the dam was administered with 150 mg of Enrofloxacin (i/m), intravenous fluids (250 ml 5% Dextrose normal saline) and anti-inflammatory drug (Meloxicam 2ml: i/m) for

three days. Tetanus toxoid (i/m) was injected immediately following fetal delivery. Uneventful recovery of the dam was noticed.

Foetal anasarca is the result of a disturbance of fluid exchange and may be of placental origin. In mild cases the foetus may be delivered by traction. Multiple incisions into the oedematous parts of foetus to drain the liquid or the removal of limbs is recommended whenever traction failed (Roberts, 1971). In the present case total fetotomy was performed by the obstetrician since the condition was severe. Caesarean section is usually chosen when the foetus is inaccessible in cattle (Sloss and Duffy, 1980). In this case foetal anasarca was associated with ascites. The probable causes of foetal anasarca are hereditary predisposition due to autosomal recessive genes (Arthur *et al.*, 1996) especially affecting normal embryonic lymph node development (Tamizharasan *et al.*,

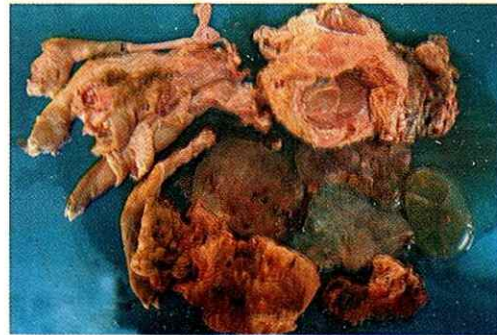


Fig. Parts of foetus with anasarca

2008). The lesions observed in the foetus were similar to those described by Arthur *et al.* (1996) in an anasarca foetus of cattle.

Summary

A total fetotomy to relieve a dystocia due to foetal anasarca with ascites in a sheep is placed on record.

References

- Arthur, G.H., Noakes, D.E., Pearson, H and Parkinson, T.J. 1996. *Veterinary Reproduction and obstetrics*. 7th ed., W.B. Saunders Co. Ltd., Philadelphia. 131 p.
- Roberts, S.J. 1971. *Veterinary obstetrics and Genital diseases*, 2nd ed. CBS Publishers and distributors, New Delhi. 283 p.
- Sloss, V. and Duffy, J.H. 1980. *Handbook of bovine obstetrics*, Williams and Wilkins, Baltimore, USA. 121 p.
- Tamizharasan, S., Babu prasath, N., Balachandran, C., Vairamuthu, S. and Thirumurugan, R. 2008. Fetal anasarca in a sheep. *Indian Vet. J.*, **85**: 897-898.
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