

# **A rare case of dystocia due to hydroallantois in anterior presentation and its successful per-vaginal delivery in a non-descript buffalo**

**S.J. Hiralal<sup>1</sup>, B.G. Ravindra<sup>2</sup>, B. Prashant<sup>3</sup>,  
Vivek Kasaraliker<sup>2</sup>, R.G. Bijurkar<sup>1</sup>, M.K. Tandle<sup>1</sup>**

<sup>1</sup>Department of Veterinary Gynecology and Obstetrics, Veterinary College, Bidar, Karnataka, India; <sup>2</sup>Department of Veterinary Medicine, Veterinary College, Bidar, Karnataka, India;

<sup>3</sup>Department of Veterinary Physiology, Veterinary College, Bidar, Karnataka, India; Email: hira\_janagi@yahoo.com

## **ABSTRACT**

A seven-year-old full term pregnant non-descript Buffalo with dystocia due to hydroallantois in anterior presentation were successfully delivered per-vaginally.

**Keywords:** dystocia, hydroallantois, per-vaginally

Hydroallantois is characterized by sudden enlargement of the allantoic sac due to excessive accumulation of allantoic fluid within a period of 5 to 20 day of late gestation. It is common in cattle and buffalo which may prove fatal to calf as well as mother due to dystocia. Hydroallantois results in to sick buffalo/cow with anorexia, decreased rumen motility, dehydration and weakness. Animal may be down and placental membranes will be thickened and access fluid in the placenta makes difficulty in per rectal palpation of foetus [1].

A seven-year-old full term pregnant non-descript Buffalo was presented with the history of severe constipation, bloat, emaciated, exaggerating an immense bilateral distention. On clinical observation the Pulse rate of the Buffalo was 104/min., Respiration rate 28/min and rectal temperature 101.8°F. The ballottement of the abdomen failed to disclose any evidence of a fetus. Extensive cutaneous venous collateral circulation was noticed. Rectal examinations revealed a greatly distended uterus filling most of the pelvic cavity and vaginal examinations revealed only two-three finger passage with little discharge coming out. A tentative diagnosis was made as dropsy of the fetal membranes. It was difficult to state precisely if the transudate was completely allantoic in origin or amniotic. However, it appeared that, most of it came from allantoic portion. The volume of amniotic fluid was also somewhat increased. Hence, the case was diagnosed as hydroallantois.

Upon per-vaginal examination it was found that cervical dilatation was not complete and only two-three fingers could pass through it. There was little mucous discharge. Hence it was decided to induce parturition, 500 µg of Cloprostenol sodium was administered i/m to the Buffalo. After 3-4 hrs, excess fluid started dribbling out. Once again, by per vaginal route the hand was passed, and the cervix was manipulated. It was surprise to note the draining of the excess fluid around 25 gallons freely over a period of 30 minutes. Later, a live male calf of weighing 25.5 kg with anterior presentation was removed by traction and an additional 5 gallons of allantoic fluid was drained out

along with calf. The calf appeared to be healthy and was anatomically normal in all respects. The fetal membranes appeared to be normal. The cotyledons were diminished in number and those that were present were larger than normal. No fetal membranes were removed. The Buffalo was administered with four Nitrofurazone and urea boli into each uterine cornua, Ceftriaxone 3gm, Chlorpheniramine maleate 5 ml, Calcium-Magnesium boro-gluconate and Meloxicam 15 ml parentally administered (Figure 1).

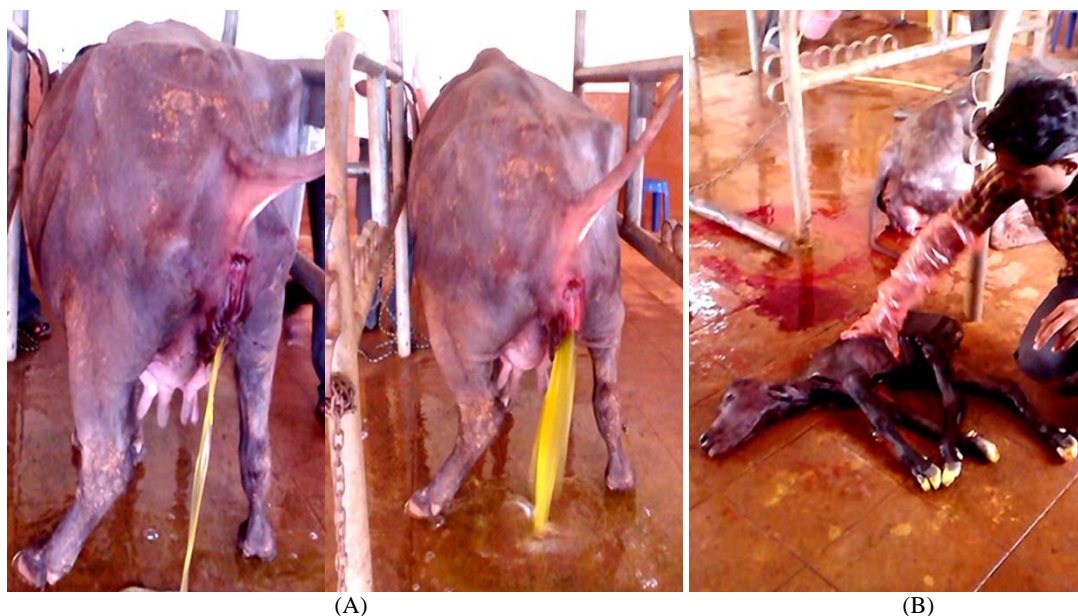


Figure 1. (A) Discharge of allantoic fluid through vagina; (B) Live fetus after successful relieving of Distocia.

The Buffalo was recovered uneventfully. The Buffalo expelled the fetal membranes next day following parturition. The calf died after 48 hrs of its birth due to weakness and lack of suckling reflexes. One week later, it was found that the Buffalo was normal and yielding 5-6 Litres of milk a day.

## REFERENCES

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