

DYSTOCIA IN A DROMEDARY CAMEL WITH PROLAPSE OF INTESTINE THROUGH VAGINAL RUPTURE

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ABSTRACT

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This article reports a case of dystocia in a 7 year old female camel with prolapse of intestines through the vaginal rupture for which cesarean section was performed.

Key Words: *Caesareansection, Dromedary camel, Dystocia, Intestinal prolapse, Vaginal rupture.*

INTRODUCTION

Dystocia in the camel is rare (Purohit, 2012). A few retrospective case studies have revealed the prevalence of both fetal (Purohit *et al.*, 2011) and maternal (Anwar *et al.*, 2013) causes. Early presented (within 12 h of second stage labor) and less complicated dystocia in camel can be corrected manually (Purohit *et al.*, 2011; Purohit, 2012) or by fetotomy (Kumar *et al.*, 2012). Cesarean section is performed in camels for uncorrectable fetal maldispositions or monstrosities (Purohit, 2012), pelvic immaturity of the dam (Siddiqui and Telfah, 2010) and uterine torsion (Elias, 1991). In the present report, we describe a dystocia in a dromedary camel with prolapse of intestines through vaginal rupture for which cesarean section had to be performed for fetal delivery.

CASE HISTORY AND OBSERVATION

A full term seven year old female camel with dystocia (since more than 24 h) was admitted to the Department of Veterinary Gynaecology and Obstetrics, with a history of depression, lethargy, reluctance to rise, severe signs of colic and vaginal straining and prolapse of small intestine through the vulvar orifice (Fig 1). Clinical examination revealed a

tear in the left lateral vaginal wall, increased heart rate and signs of shock.

TREATMENT AND DISCUSSION

The animal was sedated with IM administration of 4 mL (23.2 mg/mL) of xylazine (Indian Immunologicals, India) and controlled in the sternal recumbency by tying ropes on both fore legs and both hind legs separately. Intravenously Dextrose and Ringers lactate were administered continuously till the completion of the surgical procedures. Dexamethasone (40 mg (Dexona, Zydus AHL) and 4.5 gm IntacefTazo (Intas Pharmaceuticals Ltd) were administered IM pre-operatively. Epidural anesthesia was induced by administration of 40 mL of 2% lignocaine (Cadila, India) between the first and second coccygeal vertebrae to control straining by the animal. The intestinal loops were washed with warm normal saline and wrapped in a sterile bag. Cesarean section was performed through left ventrolateral approach as described previously (Purohit *et al.*, 2011; Purohit, 2012) and a full term dead female fetus was removed. Subsequent to suture of the uterus it was placed back in the abdominal cavity and the abdominal wound was repaired by suturing the peritoneum, muscular layers separately using chromic catgut (2/0). The skin was sutured using silk. The prolapsed intestinal loop was then reduced carefully. The defect in the vaginal wall was repaired with simple interrupted sutures using chromic catgut (2/0). Vulvar lips were sutured with two horizontal mattress sutures using umbilical tape as a

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precautionary measure to guard against prolapse of uterus. Postoperative care included administration of 60 IU oxytocin, antibiotics and anti-inflammatory drugs. However, the camel died a few hours after the surgical procedures. In a retrospective case analysis Anwar *et al.* (2013), had described caesarean section followed by replacement of prolapsed intestines in a camel with dystocia. However in that report, the camel survived whereas in our case the camel died probably because the camel was presented more than 24 h after the onset of labor resulting in severe endotoxemia and shock. Survival of camels with dystocia is dependent upon the time of presentation and camels presented beyond 24 h evidence poor survival (Purohit, 2012).

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Fig. 1 Camel with dystocia and prolapse of intestines through vaginal rupture.