

Schistosomus Reflexus in a Doe – A Case Report

K.Ravikumar¹, M.Selvaraju, A.Kumarasen and S.Sivaraman
*Department of Clinics, Teaching Veterinary Clinical Complex (TVCC),
 Veterinary College and Research Institute,
 Namakkal, Tamil Nadu - 637 001.*



¹Corresponding author: e mail :doctorravikumar@yahoo.com

Congenital anomalies and less frequently multiple congenital anomalies are encountered in domestic animals that are present at birth, which in turn may cause obstetrical problems (Arthur *et al.*, 2001). *Schistosomus reflexus* is a major congenital anomaly which occurs during embryonic development (Cavalleri and Farin, 1999). It is by a marked ventral curvature of the spine, deformed pelvis and the body and chest walls bent laterally with thoracic and abdominal viscera exposed (Roberts, 1982). *Schistosomus reflexus* appears primarily in cattle (Arthur *et al.*, 2001; Sood *et al.*, 2003), and less frequently in sheep (Knight, 1996) and goat (Kalita *et al.*, 2004; Vyas and Mishra, 2002). In the present study, successful delivery of *Schistosomus reflexus* through caesarean operation in a crossbred Doe is reported.

HISTORY AND OBSERVATIONS

A 2 years old doe in its full term with the signs of parturition and exposed intestinal organs through the vulva and suspected for uterine rupture was presented to the Veterinary College Hospital. Attempts to deliver the fetus by a local veterinarian failed. After cleaning of perennial region and exposed intestinal

portion with 0.1% KMnO₄, vaginal examination was performed.

The fetal body was palpated but fetal head and limbs could not be palpated and intestines were observed in the vagina with the no vaginal/uterine rupture. Careful examination of the fetus revealed all the thoracic and abdominal organs of the fetus were outside the body and markedly increased cross sectional diameter of fetus. The case was diagnosed as *Schistosomus reflexus* and it was decided to perform caesarean section.

TREATMENT AND DISCUSSION

Caesarean section was performed as per the standard procedure on the left lower flank under inverted “L” block using 2% lignocaine hydrochloride and the fetus was removed by traction on limbs. Complete exploration of uterus was done for presence of another fetus and uterine tear. Routine antibiotic treatments and supportive treatments were carried out following delivery of fetus.

Examination of the fetus revealed all the visceral organs exposed and absence of complete integumental closure (Figure 1).



Visceral organs exposed and absence of complete integumental closure

There was an acute ventral curvature of the spine, chest and body wall stretched laterally with deformed pelvis. The visceral organs were completely exposed. The lungs, heart, spleen, intestine and pancreas appear to be normal. The skin, musculature and peritoneum over the viscera behind the xiphoid were absent. All the limbs were ankylosed and the liver was abnormal in shape. These findings confirmed the fetus as *Schistosomus reflexus* as per the classification of Roberts, (1982). In the present case, the dystocia was due to large size *Schistosoma* dead fetus and caesarean section was performed according to the recommendations of Arthur *et al.* (2001). Although the exact cause of *Schistosomus reflexus* is still ambiguous, the majority of these anomalies may be related to genetic factors, mutations, chromosomal anomalies, infectious agents and environmental factors or the combination of all these factors.

SUMMARY

Dystocia due to *Schistosomus reflexus* was successfully delivered by caesarean section in a doe is reported.

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