

## Schistosomus Reflexus Fetus in a Cow - A Case Report

M.Selvaraju<sup>1</sup>, A.Kumaresan<sup>2</sup>, K. Ravikumar<sup>3</sup>, S.Sivaraman<sup>4</sup>,  
S.Manokaran<sup>5</sup> and S.Prakash<sup>6</sup>

<sup>1</sup>Professor and Head, Department of Clinics,  
Teaching Veterinary Clinical Complex, Veterinary College and Research Institute,  
Namakkal – 637 002. email: mselvaraju1969@yahoo.co.in



<sup>2,3,4,5</sup>Assistant Professor, Department of Clinics, Teaching Veterinary Clinical Complex, Veterinary  
College and Research Institute, Namakkal – 637 002. email : mselvaraju1969@yahoo.co.in

<sup>6</sup>Graduate Assistant , Assistant Professor, Department of Clinics, Teaching Veterinary Clinical  
Complex, Veterinary College and Research Institute, Namakkal – 637 002.  
email : mselvaraju1969@yahoo.co.in

Schistosomus reflexus is seen most commonly in cattle as anomalies of the trunk of the fetus causing dystocia in cattle (Roberts, 1971). Perusal of available literature revealed few reports on the occurrence of schistosomus reflexus in bovines in India (Rao *et al.*, 1993 and Jana and Ghosh, 2001). Hence, the present communication reports a case of dystocia due to schistosomus reflexus in crossbred cows.

### CASE HISTORY, OBSERVATION AND TREATMENT

A pleuriparous full term pregnant crossbred cow was brought to the Veterinary College and Research Institute Hospital, Namakkal with a history of difficulty in parturition for the past 12 hours. The case was attended by a practicing veterinarian. The animal was dull and depressed and was in lateral recumbency. The severe edema of the

vulva was noticed. Per vaginum examination revealed fully dilated cervix, dry and edematous vaginal passage. Protrusion of the fetal abdominal contents (Figure 1) was noticed through vulva. Examination of the fetus indicated the presence of all the four limbs in the vaginal passage. The case was diagnosed as fetal monster due to schistosomus reflexus. The lubrication of birth passage was done by liberal application of the obstetrical gel. Under epidural anaesthesia with 2 per cent Lignocaine hydrochloride, traction was applied on the head and two limbs and repulsion of one limb inside the uterus, the monster fetus was delivered along with fetal membranes. female fetus was delivered along with its exposed viscera (Fig.1). Following fetal delivery, the dam was administered with 1500 mg of enrofloxacin, intravenous fluids and anti-inflammatory drugs for 3 days. Uneventful recovery of the dam was noticed.



**Figure 1 Schistosomus Reflexus Fetus**

### DISCUSSION

Gross examination of the fetus (Figure 2) revealed marked ventral curvature of the spine. The body and chest walls were stretched. Although the fetus had full growth, the skin, musculature and peritoneum over the viscera behind the sternum were absent.

The diaphragm attachment was incomplete. The lung was small and liver was enlarged. The rumen distended with fluid. The fore limbs and hind limbs were ankylosed. Similar findings were reported by Roberts (1971), Jana and Ghosh (2001) and Honparkhe *et al.* (2009) in cattle. The exact cause of such type of dystocia is still unknown. It could have occurred due to the teratogenic predisposition. The possibility of genetic predisposition can not be ignored. The interplay of multiple genes is a frequent and most important genetic mechanism for the occurrence of

such extensive anomalies as described by Jana and Ghosh, (2001).

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