

Dystocia Due to Dicephalic Omphalopagus Tetrabrachius Tetrapus Dicaudatus Monster in Buffalo

Jasmer Dalal², Sumit Attri¹, Ravi Dutt^{1*}, Rhythm¹, Yogesh Soni¹, Pankaj Darjee¹ and Gyan Singh²

¹Department of Veterinary Gynaecology and Obstetrics, Lala Lajpat Rai University of Veterinary and Animal Sciences (LUVAS), Hisar-125004, Haryana, INDIA

²Department of Veterinary Clinical Complex, Lala Lajpat Rai University of Veterinary and Animal Sciences (LUVAS), Hisar-125004, Haryana, INDIA

*Corresponding Author: raviduttvets@yahoo.co.in

How to cite this paper

Dalal, J., Attri, S., Dutt, R., Rhythm, Soni, Y., Darjee, P., & Singh, G. (2026). Dystocia Due to Dicephalic Omphalopagus Tetrabrachius Tetrapus Dicaudatus Monster in Buffalo. *International Journal of Livestock Research*, 16(9), 67-70.

Received : Aug 12, 2026
Accepted : Sep 02, 2026
Published : Sep 30, 2026

Copyright @ Dalal *et al.*, 2026

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).
<http://creativecommons.org/licenses/by/4.0/>



Abstract

The present case report describes dystocia in a Murrah buffalo due to (Conjoint twins) dicephalic, omphalopagus, tetrabrachius, tetrapus and dicaudatus monster, was relieved by fetotomy. To facilitate delivery, a fetotomy was performed on the head and thorax of one fetus. Following the procedure, sufficient space was created to allow per-vaginal delivery. The fetus was subsequently extracted by applying traction with obstetrical chains on both forelimbs and eye hooks secured in both orbital sockets.

Keywords: Dicaudatus, Dicephalic, Dystocia, Fetotomy, Tetrapus Buffalo, Omphalopagus, Tetrabrachius.

Introduction

Dystocia in bovines is commonly associated with fetal abnormalities and congenital monstrosities. It occurs when the fetus has an abnormal size, presentation, position, or posture, resulting in difficulty during parturition (Noakes *et al.*, 2019). Among domestic animal species, bovines exhibit a higher incidence of dystocia associated with fetal anomalies than other species (Dutt *et al.*, 2021). Fetal monstrosities occur predominantly in cattle, with an estimated incidence of one per 100,000 bovine births. Their occurrence in other domestic animal species is uncommon (Roberts, 1971), and only a limited number of cases have been reported in buffaloes. The reported incidence of fetal monstrosities is approximately 0.5% in cows (Craig, 1930), whereas in riverine buffaloes, the corresponding incidence ranges from 7.9% to 12.8% (Singla and Sharma, 1992). Conjoined twinning is a congenital anomaly in which two fetuses remain physically connected due to the incomplete division of a single fertilized ovum, resulting in monozygotic twins (Roberts, 2004). Such fetal anomalies are an important cause of dystocia, with fetomaternal disproportion being the most common indication for obstetrical intervention, including fetotomy or caesarean section (Singh *et al.*, 2013a). Fetal monsters are relatively more commonly observed in cattle and buffalo as compared to other species (Singh *et al.*, 2011). The present report describes a case of dystocia due to dicephalic omphalopagus tetrabrachius tetrapus dicaudatus monster in a Murrah buffalo and its delivery through fetotomy.

Case History and Observations

An eight-year-old Murrah buffalo in its third parity at full term of gestation was presented to the Veterinary Clinical Complex (VCC), LUVAS, Hisar, with a history of dystocia of approximately 10 hours' duration. The case had initially been attended by a local paravet at the farmer's doorstep, where the head of one component of the fetus was amputated in an attempt to relieve the dystocia. Despite the application of traction, no further progress was achieved, and the animal was subsequently referred to VCC, LUVAS, Hisar, for advanced obstetrical management. Following the administration of caudal epidural anaesthesia using 5 mL of 2% lignocaine hydrochloride and adequate lubrication with liquid paraffin, a per-vaginal examination was performed. Clinico-gynaecological examination revealed a fully dilated cervix with two forelimbs of one fetal component occupying the birth canal, accompanied by downward deviation of the head. An additional pair of forelimbs belonging to the second fetal component was also palpated, with both forelimbs exhibited bilateral carpal (knee) flexion. The thoracic regions of both fetal components were fused, confirming a conjoint fetus as a cause of dystocia.

Treatment and Discussion

Following decapitation of one head of the dead conjoint female fetus at the farmer's doorstep, the remaining thoracic portion of the conjoint fetus was amputated into the VCC. Eye hooks were applied to both orbits of the downward deviated head to correct its position. Obstetrical chains were then secured to both forelimbs of same component, while eye hooks were maintained on both orbits to provide adequate traction. The dead conjoint female fetus was subsequently delivered successfully by controlled traction combined with mutation (Fig.1). Then, the animal was administered with injection chlorpheniramine maleate 227.5mg I/M, injection Ceftiofur sodium 1 g I/M, injection Ascorbic acid 7.5g I/V, and injection Flunixin Meglumine 1000mg I/M for 5 days. Injection Oxytocin 50IU I/V in 500 ml normal saline solution, injection Cloprostenol 500 microgram I/M and injection Calcium magnesium borogluconate 450ml slow I/V were administered once. Injection Normal saline solution (NSS) 5 litres was administered twice a day for next 5 days intravenously. Besides, injection Metronidazole 5000mg/1000 ml I/V was given for three days. The dam recovered without any post-partum complications.

Conjoined twin fetuses usually originate from a single zygote that undergoes incomplete division during the primitive streak stage of embryonic development, resulting in two more or less symmetrical fetuses (Spiers *et al.*, 2010). One of the most common forms of conjoined twinning is thoracopagus. The development of conjoined twins is attributed to the failure of complete separation of the embryonic plates following their formation during early embryogenesis (Jerome *et al.*, 2010). Conjoined twins are monozygotic twins of the same sex (Sachan *et al.*, 2016), consistent with the findings of the present case. Their occurrence is typically attributed to non-heritable embryological abnormalities, and they commonly contribute to dystocia due to abnormal fetal conformation (Roberts, 2004). The classification of conjoined twins varies according to the site and extent of fetal fusion. In many cases, removal of fetal monsters is not possible without performing a caesarean section (Gupta *et al.*, 2011). However, animals undergoing caesarean operation have been reported to exhibit lower survivability compared with those subjected to fetotomy (Singh *et al.*, 2013b). Fetotomy may therefore serve as a valuable alternative to

caesarean section in cases with adequate dilation of the birth canal. Considering the limited productive value of fetal monsters, fetotomy can be preferred to facilitate per vaginal delivery whenever feasible.



Fig. 1: Dicephalic omphalopagus tetrabrachius tetrapus dicaudatus monster

Conclusion

Early identification of the underlying cause of dystocia, prompt obstetrical intervention, and adoption of appropriate dystocia management techniques play a crucial role in reducing fertility losses in animals and economic losses to livestock owners.

Contribution by Authors

All the authors contributed equally to writing the manuscript. The final manuscript was read by all authors and consented to publication.

Conflict of Interests

There is no conflict of interest.

Publisher Disclaimer

IJLR remains neutral concerning jurisdictional claims in published institutional affiliation.

References

1. Craig, J.F. (1930). *Fleming's Veterinary Obstetrics*. (4th Ed.) Bailliere. London: Tindall and Cox.
2. Dutt, R., V., Arjun, Kumar, G., Yadav, V. and Dalal, J. (2021). Dystocia due to fetal monstrosity in a riverine buffalo. *Buffalo Bull.* 40(1): 185-187.
3. Gupta, V. K., Sharma, P. and Shukla, N. (2011). Dicephalus monster in a Murrah buffalo. *Indian Vet J*, 88(12): 72-73
4. Jerome, A., Sarath, T. and Arunmozhi, N. (2010). Dystocia due to a conjoined twin monster in a buffalo. *Buffalo Bulletin.* 29(3): 229-231
5. Noakes, D.E., Parkinson, T.J. and England, G.C.W. (2019). Abnormalities of development and pregnancy. In: *Veterinary Reproduction and Obstetrics*. (10th Edn.), London: Saunders. pp. 168-194, 296-314.
6. Roberts, S.J. (2004). *Veterinary Obstetrics and Genital Diseases*, CBS Publishers, New Delhi, India. pp73-74
7. Sachan, V., Kumar, B., Sonker, V. and Saxena, A, (2016). Monocephalic thoracopagus tetrabrachius tetrapus monster in buffalo – A case report. *Buffalo Bulletin.* 35(1): 23-26
8. Singh, G., A.K. Pandey, R. Dutt, S. Sunder, S. Kumar and S. Chander. (2013a). Delivery of a dicephalus sternopagus tetrabrachius tetrapus dicaudatus monster in a Murrah buffalo by caesarean section. *Buffalo Bull.*, 32(4): 242.

9. Singh, G., Pandey, A.K., Agnihotri, D., Chander, S. and Chandolia, R.K. (2013b). Survival and fertility rate in buffaloes following caesarean section and mutation with/without partial fetotomy. *Indian Journal of Animal Science*, 83: 251-253
10. Singh, G., Pandey, A.K., Agnihotri, D., Sunder, S., Kumar, S., Kumar, R., Dutt, R. and Chander, S. (2011). A case of rare monstrosity in a cow calf. *Haryana Vet*, 50(101), pp.1-4.
11. Singla, V.K. and Sharma, R.D. (1992). Analysis of 188 cases of dystocia in buffaloes. *Indian Vet. J.* 69: 563-564.
12. Spiers, Z.B., Biddle, A.J., Gabor, M.J., Lee, E. and Gabor, L.J. (2010). Monocephalic thoracopagus tetrabrachius in twin lambs. *Can Vet J*. 51: 1037-1039
