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Case Report

# Dystocia Due to Postural Defect of Fetus in a Free Ranging Deer - A Case Report

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## Abstract

*This case report presents a successful obstetrical intervention in a case of dystocia caused by a fetal postural defect in a free-ranging deer. The case was presented to the Veterinary Clinical Complex, DUVASU Mathura. On physical examination, head and forelimbs of the fetus were visible outside the vulva. Per vaginal examination of the deer revealed one hind limb of the fetus being flexed into the birth canal and crossing over the neck, leading to obstruction at the pelvic brim by the hock joint. To correct the postural defect of hindlimb, traction was applied at the fetlock joint of hind limb to resolve the obstruction caused by hock joint at level of pelvic brim. Lubrication of the birth canal with liquid paraffin facilitated fetal delivery by reducing friction. Controlled traction resulted in the successful extraction of a dead female fetus per-vaginally. Post-delivery, the deer was given appropriate medicinal treatment and management, resulting in a healthy recovery.*

**Keywords:** Dystocia, Free Ranging Deer, Postural Defect and Per-Vaginal Delivery.

## Introduction

Dystocia is most common reproductive problem observed in free ranging wild ruminants and zoo animals kept in captivity (Thirumurugan *et al*., 2014). Jeber *et al*. (2013) reported a case of dystocia in Timorensis deer and manually delivered a fawn in posterior longitudinal presentation with dorso sacral position and extended hind limbs in birth canal. Dystocia may be caused by fetus, maternal, or physical obstructions (Hafez and Hafez, 2000; Jackson, 1995). Any interruption in parturation process such as human interference or sudden change in weather may increase mother's excitability and attribute to maternal stress related factor of dystocia (Pople *et al*., 2001; Mosdol, 1999). Unfavourable environmental conditions or poor management practices can elevate the risk of dystocia in farmed deer. Reported prevalence rates include 0.52% in red deer herds (Audige *et al*., 2001), 1.1% in white-tailed deer (Haigh *et al*., 2005), and as high as 5.9% in elk populations (Woodbury *et al*., 2006). Among the various fetal factors contributing to dystocia, the most frequent are postural defects of head and forelimbs (Roberts, 1971). A case of dystocia due to fetal postural defect in a free-ranging deer and its successive treatment is reported here.

## Case History and Observations

A wild free-ranging female deer, weighing 30 kg was rescued by an animal rescue team and brought to the Veterinary Clinical Complex (VCC), DUVASU Mathura at around 6 p.m. with a history of straining from last night. Animal rescue team also reported that the head and forelimbs of fetus were hanging outside of vulva (Fig.1) and the animal was captured after 24 hours of effort of animal rescue team members. The case was also handled by local practitioner to relieve the dystocia but failed.

On general examination, the deer was exhausted, and the rectal temperature of the deer was recorded as 101.5°F and conjunctiva mucous membrane was normal. At the time of examination, straining was present. Per vaginal examination revealed one hind limb of the fetus being flexed into the birth canal and crossing over the neck, leading to obstruction at the pelvic brim by the hock joint. The cervix was found completely dilated with absence of any signs of viability of fetus. Based on the overall observations, it was confirmed that present case of dystocia due to fetal postural defect.

**Fig. 1:** Deer in lateral recumbency with fetal head and both forelimbs protruded out of vulva

## Treatment and Discussion

Firstly, lignocaine hydrochloride 2% (3.0 ml) injected epidurally in sacrococcygeal space to reduce straining and then animal was restrained in lateral recumbency. To correct the postural defect of hind limb, traction was applied at the fetlock joint of hind limb to resolve the obstruction caused by hock joint at level of pelvic brim. Lubrication of the birth canal with liquid paraffin facilitated fetal delivery by reducing friction (Fig. 2). Controlled traction resulted in the successful extraction of a dead female fetus per-vaginally (Fig. 3). Thereafter, Injection Oxytocin 20 IU (Syntocinon, Novartis) was administrated intramuscularly. Antibiotic Inj. Floxidin vet @ 5 mg/ kg (Enrofloxacin 10%, Intervet India Pvt. Ltd.), intramuscularly, Anti-inflammatory Inj. Melonex @ 1mg/ kg (Meloxicam, Intas), intramuscularly. Inj. Tribivet @ 2ml (Intas), intramuscularly, administered for 4 days. Bol Stectlin 500mg @ 3.0 Bol (Tetracycline HCl, Zydus) were placed intra uterine.

**Fig. 2:** Dam survives following assisted delivery of a non-viable fetus

**Fig. 3:** Dead female fetus delivered per-vaginally

Every obstetrical case should consider as a medical emergency and must handle without delay (Jackson, 1995). Fetal dystocia can arise from conditions such as fetopelvic disproportion or fetal mal disposition. Causes for fetal malpositions are often difficult but may involve the fetus's nose or limbs becoming trapped against the pelvic brim or within the soft tissues of the birth canal during the early stages of parturition (Roberts, 2004). Signs of dystocia include the emergence of the fetal head without forelimbs, the tail without hindlimbs, or the head accompanied by only one forelimb. Larger fetuses from species that typically bear a single offspring are more susceptible to malposition than the smaller, oval-shaped fetuses of species that produce multiple offspring. To correct dystocia caused by carpal flexion, repositioning the fetus by pushing it back and manually or using a calving rope to adjust the flexed limb (Jackson, 1995).

## Conclusion

This case highlights the critical role of timely intervention and skilled technique in managing dystocia to ensure the survival and well-being of wild ungulates.

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## 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.

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