Retention of Placenta in a Bikaneri She Camel: A Case Report

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ABSTRACT

A case of retained fetal membranes with their management by manual method in a Bikaneri she camel is reported.

Keywords: Camel, Retention of placenta

The fetal membranes are made by the fetus and connect to the blood supply in the uterus and across the thin connection between the membranes of the dam and the membranes of the fetus. The essential materials pass to the developing fetus. When the fetus is born the placenta normally detaches within short time and is expelled. That is why it is referred to as the “afterbirth” (Ball and Peters, 2004). The camel placenta is diffuse epitheliochorial type (Abd-Elnaeim et al. 1999) and placental retention subsequent to parturition is rare. The release of fetal membranes postpartum is a physiological process and involves loss of fetomaternal adherence, combined with contraction of uterine musculature and usually The camel placenta is expelled within 49 minutes to 6 hours of calving (Prakash and Singh, 1962; Sharma, 1968; Nasret al. 1996). The incidence of retention of placenta is very low varies from 2-11% (Sharma, 1968; Tibary and Annouassi, 1997) with higher incidence being noticed in premature deliveries (Zhao, 2000). In this case report the retention of placenta is present in a dromedary camel.
Case History and Observations

A nine year aged Bikaneri she camel was admitted to the TVCC, RAJUVAS, Bikaner, with a history of difficulty in parturition. The case was diagnosed as a dystocia due to deviation of fetal extremities. A dead fetus delivered with the help of subcutaneous fetotomy. The animal had slightly uterine bleeding. The animal was administered oxytocin 60 IU, antibiotic, NSAIDS and herbal ecobolic. The animal was kept in supervision for expulsion of placenta. The fetal membranes were not expelled yet after nine hours later and animal had slightly straining. The animal was alert and active. The physiological parameters (temperature, pulse and respiration) of the animal were in normal limits. The animal was restrained in sternal recumbency and both fore legs and both hind legs tied separately with ropes. Diagnosis made as a case of retention of fetal membranes in Dromedary she camel.

TREATMENT AND DISCUSSION

The camel was sedated by administration of 5 mL (23.22 mg/mL) xylazine (Indian Immunologicals) intravenous. The vulvar lips and surrounding perineal area were cleaned with mild antiseptic solution (1% Potassium permagnet solution). One and half liters of normal saline were infused intrauterine. The hanging fetal membranes were tied with a stick. The fetal membranes were removed by twisting the stick and passing the hand in the uterus between the fetal membranes and endometrium to separate the placenta at all places where it was attached with the endometrium and 8 Cleanex boluses (Merial, Boeringer ingllhem) were placed inside the uterus. The weight of fetal membranes was 5.9 kg and it appeared to be normal without any pathogenomic foci. The animal was administered fluid therapy (Normal saline, 5% DNS, Ringer’s lactate), calcium borogluconate 350ml IV, antibiotic Opticef 4.5gm (Boeringer ingllhem), NSAIDs Melonex plus 25ml (Intas), B-complex Belamyl 15ml (Zydus), Antihistaminics Avil 10ml (MSD) IM for 3 days and herbal ecobolic Himrop 200ml (Himalya) P/O for five days. Similar to the present study manual removal of fetal membranes from dromedary females were recorded in previous few studies (Sharma et al. 2000; Suthar et al. 2011; Kumar et al. 2016) whereas spontaneous expulsion of placenta was successful by administration of 60 IU oxytocin for 2 days in one report (Rohilla and Singh, 2005). Moreover, administration of oxytocin might be useful when placenta
is separated yet not expelled due to uterine inertia. However, a very low incidence of uterine inertia has been reported in camel (Arthur et al. 1996). The retention of fetal membrane for a longer duration lead to fatal metritis (Arthur et al. 1996). Complications that can occur following non removal favor manual removal of placenta and manual removal of camel placenta is easy. Similar findings of weight of placenta are recorded previously (Sharma et al. 2000, Kumar et al. 2016).

Fig. 1: The manually removed placenta of a camel

REFERENCES


