DOUBLE-HEADED FOETAL MONSTER ASSOCIATED WITH DYSTOCIA IN A YANKASA EWE – A CASE REPORT

A. YUSUF[1], B.O. OMONTESE[2], A.A. GAMAWA[3], J. MOHAMMED[3], I.J. WAZIRI[3] AND P.I. REKWOT[2]
*[1]Bauchi State Veterinary Clinic, Katagum, Ministry of Agriculture and Natural Resources, Bauchi State, Nigeria; [2]Department of Theriogenology and Production, Faculty of Veterinary Medicine, Ahmadu Bello University, Zaria, Nigeria; [3]Veterinary Clinic, Ran Road, Bauchi State,Nigeria; *Corresponding author: B.O. Omontese Tel: +234 705 427 0555 Email: drbobwealth@hotmail.com*

ABSTRACT
Congenital malformation of a foetus may occur in livestock during pregnancy, some of which are incompatible with life. The defects in embryonic and fetal development ultimately lead to production losses, which adversely affect livestock producer. Dystocia, due to a double-headed feotal monster in a four-year old Yankasa ewe, was relieved by caesarean section. The foetus was delivered dead. Dystocia was observed to result from the double-head presentation at the birth canal. Caesarean section was effective in only relieving the condition.
Keywords: Dystocia; Double-headed monster; Yankasa ewe; Caesarean section

INTRODUCTION
Congenital abnormalities such as foetal monsters are abnormalities that are present at birth (Arthur *et al.*, 1996). They include double-headed monsters, schistosoma reflex, amorphous globosus, perosomuselumbis, hydrocephalus, accessory limbs and foetal maceration (Ate and Allam, 2002; Bello *et al.*, 2008; Ate *et al.*, 2011; Yusuf *et al.*, 2013). In some cases, foetal monsters present as absolute foetal oversize at birth, leading to dystocia (Arthur *et al.*, 1996; Yusuf *et al.*, 2013). In many cases, the cause of congenital abnormalities remains a unknown due to inadequate history and failure to conduct thorough investigation into possible cause of the abnormality. Teratogens, which may not kill the foetus, are reported to induce congenital abnormalities in a developing conceptus, some of which are incompatible with life. Although dystocia in sheep may result from poor maternal pelvic conformation, an oversized foetus, lamb malpresentation, unskilled shepherding, partial uterine inertia in polytocous ewes, vaginal prolapse, ringwomb, uterine torsion, and ectopic pregnancy (Sargison, 2008), other conditions such as foetal monsters (Bello *et al.*, 2008) and congenital skeletal malformations (Gyang *et al.*, 1984; Ibrahim *et al.*, 1987; Ate and Allam, 2002; Zoe *et al.*, 2008) have been implicated. Numerous reports of dystocia in ewes caused by congenital malformations in Nigeria abound, but, there is a paucity of information on dystocia caused by double-headed foetal monster in ewes. This report is an attempt to provide information on a case of dystocia due to double-headed foetal monster in a Yankasa ewe.

Case History and Clinical Examination
A four-year old Yankasa ewe was presented to the Veterinary Clinic, Ran road, Bauchi State, Northern Nigeria with the chief complaint of intermittent straining and inability to deliver foetus. History revealed that straining had commenced 72 hours to presentation. On presentation, weak signs of intermittent straining were observed with considerable distension of the abdomen. The ewe weighed 45 kg. Clinical examination revealed that the ewe was dehydrated and depressed. Respiration was slow and rectal temperature within the normal range. Serosanguinous discharges were observed, protruding from the vulva. On palpation of the lower abdomen, and vaginal exploration, the presence of a large mass was felt against the pelvic brim. With a gloved hand, the vaginal opening was examined for cervical dilatation. The case was diagnosed tentatively as dystocia due to foetal oversize and caesarean section was advocated immediately.

Surgical Management
The ewe was restrained on right lateral recumbency, while the left abdominal area was liberally shaved, scrubbed and cleaned with the application of mild chlorhexidine solution. The site was anaesthetized by infiltration of 8 ml of 2% lidocaine hydrochloride in an inverted L-block fashion. An oblique skin incision (10 cm)

was made on the left lateral side of the ewe. This incision was followed through the muscle and peritoneum into the abdominal cavity. The uterus was exteriorized gently to prevent uterine rupture. An incision was made on the less vascularized part of the uterus with the foetus carefully removed. Removal of the foetus revealed a dead foetal-monster with double head (A) (Plate 1). The double heads were joined at the neck of the foetus. The uterus was flushed using antibiotic solution and sutured using cushion suture pattern. Intraperitoneal medication was applied with the peritoneum, muscles and skin incision closed routinely.

Post-operative care

The surgical site was cleaned and dressed regularly with liquid povidone iodine. Penicillin and streptomycin suspension (Pen & Strep, Norbrook, UK) was administrated at a dose of 0.5 ml/kg for 5 days intramuscularly (i.m.)to prevent infection along with meloxicam and B-complex (10 ml each) i.m. for 4 days. Skin sutures were removed on the 8th post-operative day.

Discussion

Double-headed foetal monsters have been reported in cattle and sheep (Arthur *et al.*, 1996). It has been reported that most congenital and developmental abnormalities are incompatible with life since lambs may be unable to suckle dam, leading to increased lamb mortality (McSporron, 1980; Gyang *et al.*, 1984; Ate and Allam, 2002; Zoe *et al.*, 2010). Many factors (maternal and foetal) have been incriminated in the cause of dystocia in animals (Osuagwuh *et al.*, 1980; Arthur *et al.*, 1996; Roger, 1998). The use of x-rays may have been effective in diagnosing foetal monsters, thereby allowing early diagnosis and prompt management of the dam. This was however, not employed in this case. Besides, the exact cause of the double headed foetal monster in this case was not clear. In conclusion, dystocia results in economic losses in livestock production and efforts to ensure that pregnant dams are adequately monitored are paramount.

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Figure I: Double headed fetal monter (A) delivered by caeserean section from a Yankasa ewe