

Misoprostol treatment of dystocia due to ringwomb in Awassi ewe: a case report

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علاج حالة عسر الولادة بسبب فشل توسع عنق الرحم في نعجة عواسية باستعمال مسوبروستول: تقرير حالة

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الخلاصة

يصف هذا التقرير حالة عسر ولادة بسبب فشل توسع عنق الرحم في نعجة عواسية وعلاجها لأول مرة باستعمال مسوبروستول.

Introduction

Incomplete dilatation of the cervix of the ewe is descriptively named 'ringwomb' (1). A small hole, the size of a ring (hence the name) is felt (2). Cervical priming refers to dilating and softening of the cervix in the first stage of labor is a gradual process (3). A Caesarean section mostly performed to treat such cases in ewes. Misoprostol an analogue of prostaglandin E₁ is widely used to ripen the cervix and/or initiate labor at term in human and it is more widely used to control postpartum bleeding (4,5). PGE₁ has never been used in ovine obstetrics to dilate the cervix in dystocia cases due to ringwomb. Previously in this clinic misoprostol had been used successfully to treat incomplete dilatation in a cow (6). This report describes the first successful use of misoprostol (PGE₁) for the treatment of ringwomb in Awassi ewe.

History and clinical signs

Two years old Awassi ewe was brought by the owner to the clinic of the College of Veterinary Medicine, University of Mosul and he claimed that his animal had dystocia 12 hours ago. Fetal fluid was escaped since 3 hours ago. On clinical examination, the ewe was at term, as denoted by mammary changes and relaxed edematous vulva. The ewe was in a standing position and restlessness due to

abdominal discomfort, without any abdominal contractions. Vaginal examination indicated that the cervix was dilated about 1 finger and the fetal membranes ruptured. No any medications were previously given to the ewe in the near past.

Treatment

The perineum and adjacent areas were washed with soap and water and disinfected with lugol's iodine. Two tablets (400µg) of misoprostol (Cytotec, Searle Pharmaceuticals Ltd, UK) were dissolved in 10 ml of normal saline solution. An obstetrical hand covered with long plastic glove and lubricated with obstetrical gel was inserted in the birth canal, and then the solution of misoprostol was infused in the partially dilated cervical canal. Every 10 minutes the cervical canal was examined. After 25 minutes the cervix was completely dilated and the fetal parts were easily examined. The fetus was alive with anterior presentation, dorsal position and the head extended in the birth canal with bi-shoulder flexion of the forelimbs. The forelimbs were located and manipulated and the obstetrical hand was advanced down the limb toward the carpal joint. The right limb was grasped and brought up into the carpal flexion position, and the foot was cupped in the hand and brought carefully up into the pelvis. Traction was applied manually without assistance. After delivery the uterus and the birth

canal were checked for signs of damage and hemorrhage. Surprisingly, another twin lamb was in the uterus. The other lamb was absolutely oversized due to fetal anasarca. Caesarian section was applied to deliver the second lamb. The ewe and her lamb were doing well. The ewe was treated with 20 IU of oxytocin as single injection and 1 million IU procaine penicillin G with 1 g of dihydrostreptomycin IM daily for 5 days.

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