TREATMENT OF RINGWOMB IN SHAMI GOATS

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SUMMARY

Twenty Shami goats, aged 2-4 years at time of
parturition were suffering from dystocia due to incomplete
dilatation of the cervix (Ringwomb). 4 of them had
preparturient prolonge of the vagina and cervix
accompanying ringwomb. All animals were treated by manual
dilatation of the cervix. 10 animals were given either a
single intramuscular injection of 16 mg of Dexamethazone
or 7.5 mg of PGF2 analogue. Results of treatments
indicaeted that dystocia was relieved in the following
percent ages for different treatment. 10% (2 animals),
80% (8 animals) , 100% (10 animals) and 100% (2 animals )
respectively. It may be concluded that hormonal treatment
was superior to other form of treatment and both
dexamethazone and prostaglandin F2 were almost equally
effective in treatment of dystocia due to ringwomb in
Shamigoats and can replace exposing the animals to major
surgery.

INTRODUCTION

Dystocia due to incomplete dilatation of the cervix or
"Ringwomb" which was reported to account for 15-32% of
ovine dystocia cases (1) was also encountered in caprine
(8). Various factors, such as prevailing weather
conditions (2) ingestion of plants containing estrogen
(3) and hormone imbalance (5) were found to be
predisposing causes to the condition. Although different treatment methods were tried (1&4) the outcome was variable, recently reported trials (6), revealed that prostaglandin F2 alpha injection gave more promising results than other treatments.

The present study was designed to investigate and to compare the effect of (dexamethazone hormonal treatment, prostaglandin F2 alpha injection) and manual dilatation of cervix in relieving dystocia due to incomplete dilatation of cervix or ringwomb in Shami goats.

MATERIAL AND METHODS

Twenty Shami goats, 2-4 years old, were presented to the clinic of the Department of Theriogenology, College of Veterinary Medicine, University of Baghdad, during the period extending from February 1984 to March 1987, with a history of straining in vain for parturition for the last 12-15 hours.

Upon examination, most of the goats were in poor physical condition, with 4 of them had preparturient prolapse of vagina and cervix. The cervix in all cases was admitting only one finger. The conditions were diagnosed as dystocia due to incomplete dilatation of cervix or ringwomb. The first attempt was manually dilating the cervix in all cases (20 goats) for those suffering from prolapse, the portion of vagina and cervix were replaced followed by vaginal suture. All goats, including those with prolapse received a single intramuscular injection of 16 mg of Decadron*.

The owners were asked if there is any signs of parturition, particularly those with Vaginal suture to help release them. Another 10 goats were given a single intramuscular injection of 7.5 mg of prosolvin. ** The unresponsive goats in above mentioned catagories were delivered by surgery ceasarian section.

* Dexamethazone Phosphate, schering, 05, Holland
** Asynthetic prostaglandin F2 alpha, intervet international, Bexmeer, Holland

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All treated goats were carefully followed after delivery and observations were recorded.

RESULTS

The results of the present study are shown in Table (1) With manual dilatation of the cervix only 2 goats out of 20 (10%) responded to the treatment. Injections of dexamethazone resulted in expulsion of the uterine content in 8 goats out of 10 (80%) within 24-72 hours. Two goats in this group, both with prolapse of Vagina and cervix did not respond to the treatment, they required surgery (caesarian section) for their delivery. Prosolvin injections resulted in expulsion of the uterine contents in 10 goats out of 10 (100%), within 24-48 hours. Most of the goats had multiple Feti, Twin or triplet, they were weak, few survived and majority died shortly afterward.

Table 1: Different methods adopted in handling dystocia due to ringwomb in Shami goats.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No of animals</th>
<th>No of Animals responded</th>
<th>% response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Dilatation</td>
<td>20</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Dexamethazone</td>
<td>10</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>Prostaglandin</td>
<td>10</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Caesarian Section</td>
<td>2</td>
<td>2</td>
<td>100</td>
</tr>
</tbody>
</table>

* Four goats in this group had prolapse of the vagina and cervix.
DISCUSSION

The occurrence of dystocia due to incomplete dilation of cervix or ringwomb in Shami goats suggests breed predisposition. Since this breed is raised individually or in groups by the breeders, they were confined with little exercise and they were fed left-over feed. This restricted exercise, together with dietary deficiencies be other possible predisposing factor for the condition. Similar opinion was also suggested by other authors (6) and (9).

Most of the ringwomb cases in the present study were associated with multiple pregnancies, twin and triplets, conditions which can lead to uterine inertia due to overdistension. Failure of cervical dilatation is related to uterine atony, since active uterine contractions play a major role in cervical dilatation (7). Similarly, vaginal prolapse observed in those with ringwomb was probably related to failure of cervical dilatation with continuous straining, beside other causes, such as poor physical condition, hormonal and dietary imbalance. This view was previously mentioned (8 & 9). The poor response to manual dilation of cervix might be related to ineffectiveness of the method as reported before (3), (6) and (7).

In the present study, we attempted to avoid exposing the animals to major surgery to avoid consequences related to post-operative follow up of the cases. We conclude, that treatment of failure of cervical dilatation in Shami goats should rely upon hormone therapy as an alternate to some other treatments.

REFERENCES


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الخلاصة

تم علاج عشرون ماذارا شامياً. كانت تعاني من عسر الولادة لعدم توسيع عنق الرحم بالإضافة إلى تدلي الممبول وعنق الرحم في اربعة منها بمحاولة توسيع عنق الرحم بدءاً من اليد وتنبزغ 15 ملم من الدكساميثاكون بالعسل (عشرة ماذار) بعد ارجاع الجزء المتدلي في اربعة منها بدءاً من اليد وتنبزغ 20 ملم من البروسولفين بالعسل (10 ماذار) واللجوء إلى الجراحة القيصرية في الحالات التي لم تستجيب لأي من العلاجات (2 ماذار). كانت نتائج محاولة الالتفاع هو استجابة ماذارين (10%) من امل عشرين معة اما العلاج بالدكساميثاكون فقد استجاب 8 ماذار (40%) بطرح محتوى ارحاما خلال 44-72 ساعة بعد حقن الهرمون والعلاج بالبروستاكلاندين أدى إلى تحرير محتويات الرحم في 10 معة (100%) خلال 48-72 ساعة من حقن الهرمون والجراحة القيصرية في علاج معاذين (10%) كانت تعانيان من عسرة الولادة ولم تستجيبا للعلاجات الأثرية. تشير هذه النتائج إلى أن محاولة توسيع عنق الرحم في المائع الشامي غير فعال وتفوق العلاج الهرموني كضرورة عليه وان الدكساميثاكون والبروستاكلاندين لايفقان عن بعضهما البعض في علاج الحالة وتقلل من تعرض الحيوان للخسائر الجراحية.