

Case Study

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## Diagnosis and Management of Fetal Mummification in a Bitch – A Case Report

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### ABSTRACT

#### Keywords

Mummification, Bitch,  
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A six year old Labrador bitch was presented with a history full term gestation and non-progressive signs of labor with uterine discharge. Per vaginal examination showed dilated birth canal without any fetus. Plain radiography revealed presence of bony structures in the uterus. Induction of labor with oxytocin and calcium was futile. Upon C-section, mummified fetus was removed. The bitch recovered uneventfully following normal post-operative management.

### Introduction

Death of the fetus after ossification of fetal bones generally leads to fetal mummification if there is no bacterial infection concurrent with or causing death of the fetus (Noakes, 1986). Fetal mummification is a common problem in polytocous and rare in monotocous animals (Perumal and Srivatsava, 2011). In dogs, embryonic and fetal death can occur due to abnormalities in development or chromosome, infectious agents, maternal endocrine disorders, contraceptive drugs, torsion of uterus and dystocia. These conditions may alter the environment of uterus and lead to fetal death and subsequent

mummification (Planellas *et al.*, 2012). Fetal mummification occurs in last stage of gestation after ossification of the bones. As it is a sterile condition, future fertility of animal will not be affected.

### Case History and Observations

A 6 year old Labrador bitch, previously 3 times whelped was presented to the VCC, LUVAS, Hisar with history of mating 2 months back and showing labor signs with vaginal discharge. As per the owner, animal was showing nesting behaviour with reduced appetite. Examination of animal showed signs of pregnancy with abdominal enlargement and

engorged mammary glands. Per vaginal examination revealed complete dilation of birth canal without any fetal part. Abdominal radiograph revealed presence of bony structures in the uterus.

### **Treatment and Discussion**

A tentative diagnosis of primary uterine inertia was made and treated with 25% dextrose, calcium gluconate and oxytocin. Since the medical management was unsuccessful, ovario-hysterectomy was performed under

general anaesthesia as per standard procedure. A single mummified fetus was removed gently by milking the uterus with gloved hand with due care to minimize spilling of uterine contents. The placental remnants was also removed.

Antiseptic dressing of the surgical wound was carried out along with antibiotic and supportive therapy (Inj. Melonex 2 ml, I/M, 3 days; Syp. Polybion 5 ml, bid, PO, 15 days and Inj. DNS 5% 500 ml, I/V, 3 days). The animal had uneventful recovery.



Mummified fetuses were soft in consistency without any odour and with little placental fluids (Kennedy and Miller, 2007). Presence of one or more mummified fetus along with normal live fetus is observed occasionally in dogs (Roberts, 2004). Radiography revealed only presence of bony structures in the uterus which was most likely the shadows of fully developed dead pup. The uterine inertia was the main cause for retention of mummified fetus as described by Romagnoly *et al.*, (2004).

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