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Case Report

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Dystocia Due to Dicephalic Monster Fetus in Buffalo Relieved by Fetotomy

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ABSTRACT

Dystocia caused by foetal monstrosities is an important obstetric emergency in buffaloes, often requiring prompt intervention to save the dam. The present case describes the successful management of dystocia caused by a dicephalic foetal monster in an 8-year-old Marathwadi buffalo in its fifth parity. The buffalo was presented after 16 hours of straining with ruptured foetal membranes and partial protrusion of both forelimbs and one head through the vulva. Per-vaginal examination revealed an anterior longitudinal presentation, dorso-sacral position, bilaterally extended forelimbs, and a second head attached at the cervical region, confirming a dicephalic monster foetus. Considering the prolonged dystocia and poor condition of the dam, a percutaneous partial fetotomy was performed. One head was amputated at the cervical attachment, followed by correction of the remaining head and delivery of the foetus by controlled traction. Post-delivery treatment included intrauterine antibiotics, fluid therapy, oxytocin, corticosteroids, systemic antibiotics, antihistaminics, and analgesics for five days. Radiographic and post-mortem examination of the monster confirmed duplication of the head, pharynx, oesophagus, and cervical vertebrae, with a single thoraco-abdominal cavity. The buffalo recovered uneventfully, demonstrating that partial fetotomy is an effective and economical alternative to caesarean section for managing dystocia caused by simple dicephalic foetal monsters.

INTRODUCTION

A monster is usually a malformed foetus. Foetal anomalies and monstrosities are common causes of dystocia in cattle (Shukla et al., 2007) and represent the developmental anomalies that often include the reproductive organs, leading to severe deformities in the individual (Vegad, 2007). Foetal monsters encompass various types of malformations that produce distinct foetal phenotypes, and conjoined twins have occasionally been reported as a cause of dystocia in cattle (Youngquist and Threlfall, 2007). A dicephalic foetus is a form of conjoined foetus characterised by the presence of two heads (Mehmood et al., 2014). The causes of congenital abnormalities are multifactorial; however, certain factors, including drugs, infectious agents, toxic plants, mineral imbalances, deficiencies of vitamins A, D, and E, hormonal influences, physical factors, and their interactions, contribute to the development of these abnormalities (Kaçar et al., 2008).

Dystocia in buffaloes is a common complication that may be associated with foetal monstrosities. It is important to know the different types of foetal monsters, as many of them can't be delivered without resorting to a caesarean section (Gupta et al., 2011). However, fetotomy can serve as an effective alternative to caesarean section for relieving dystocia caused by selected foetal monstrosities (Vermunt, 2009). The present report describes the relieving of dystocia, which is due to dicephalic foetal monsters in buffalo, by manual correction (mutation) and forced traction with partial fetotomy.

CASE HISTORY AND OBSERVATION

An 8-year-old Marathwadi buffalo (case no. 7509, dated 19/12/2024) in its 5th parity was presented to the obstetrical ward of the veterinary clinical complex at the College of Veterinary Animal Sciences, Udgir, with a history of a gestation length of 10 months and 10 days, persistent abdominal straining for 16 h, and rupture of the water bag approximately 10 hours prior to presentation. The case was handled by the paravet nearly 4-5 h before being presented at our clinic with both forelimbs and the head of the foetus hanging from the vagina of the dam in the recumbent animal. Physical examination of the dam recorded a body temperature of 101.0°F, a respiration rate of 19 b/min, a dull and depressed animal along with a sunken eye, pinkish conjunctival mucous membrane, udder engorgement and relaxation of the sacrosciatic ligament, a body condition score of 3, and an oedematous and dry vulva. Per-vaginal gynaeco-clinical examination revealed the foetus in anterior longitudinal presentation, dorso-sacral position with bilaterally extended knee joint, and both forelimbs and head of the foetus present in the vagina but with another head joined at the cervical region of the foetus.

TREATMENT AND DISCUSSION

Buffalo was in prolonged dystocia and needed an urgent intervention, and hence a decision was made to perform a percutaneous partial fetotomy under caudal epidural anaesthesia by administering 5.0 ml of 2% lignocaine hydrochloride at the C1-C2 inter-coccygeal space. After ensuring adequate lubrication and maintaining strict aseptic precautions, a BP blade No. 22 mounted on a No. 4 handle was carefully introduced into the birth canal. The blade was guided over the base of the head attachment and positioned as caudally as possible on the lateral aspect of the head to facilitate complete removal of the foetal head. The incision was initiated through the skin, followed sequentially by the underlying fascia and muscles, and finally through the cervical vertebrae. The cervical vertebrae were transected through the intervertebral spaces, particularly at the fibrocartilaginous intervertebral discs. As the foetal vertebrae were immature and relatively soft, transection could be accomplished using the BP blade without the need for a bone cutter or fetotome wire. Throughout the procedure, care was taken to maintain close contact between the blade and the foetal tissues and to avoid injuring the maternal soft tissues. Following complete separation, the detached foetal head was removed with obstetrical forceps. The birth canal was subsequently examined carefully to confirm the complete removal of foetal remnants and to rule out any injuries to the maternal soft tissues. Cutting was performed in a controlled and steady manner using wide arm movements until the head was completely severed from the neck region; thereafter, the detached head was pulled out. Subsequently, following thorough lubrication of the birth canal, the second head was slightly deviated to the right by applying a cotton rope loop behind the ear and through the mouth. Finally, with the adequate lubrication, the remaining part of the foetus, along with the foetal membranes, was removed by applying traction on both extended forelimbs, ensuring minimum damage to the birth canal of the dam.

After relieving the dystocia, four bolus Ropitas were placed intrauterine, and fluid therapy was initiated, which included 2 litres of Inj. Intalyte, 1 litre of Inj. DNS, and 500 ml of Inj. Vet plasma. In addition to this, Inj. Dexona (5 ml, IV) and Inj. Oxytocin (20 IU, IM) were administered to the dam. The buffalo showed an uneventful and smooth recovery after the treatment. Supportive therapy, i.e., parenteral fluids, antibiotics (Inj. Intacef-Tazo 4.5 g) [I/V], antihistaminic (Inj. Anistamin 10 ml) [I/M], and analgesic (Inj. Meglusic 20 ml), [I/M] was continued for five consecutive days. The foetus had two fully developed heads sharing a single neck (Fig. 1A). One head was aligned with the cervical vertebral column. Each head had its own pair of ears. An X-ray examination of the foetus revealed that the foetus had two separate heads with distinct cervical vertebrae, while the thorax, abdomen, and limbs appeared grossly normal (Fig. 1B). Post-mortem examination revealed that it had two oesophaguses, two pharynxes, one anus and a set of visceral organs duplicated up to the neck.

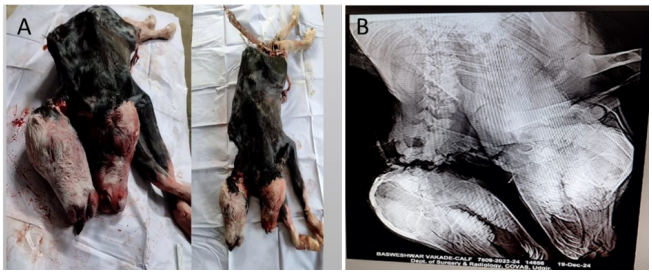


Figure 1: (A) Dicephalic fetal monster, (B) X-Ray of the fetus dicephalic condition

Kumar and Solanki (2018) reported that double or conjoined monsters typically originate from a single ovum and are therefore monozygotic. These anomalies result from the incomplete division of the fertilised ovum and can vary widely in presentation, ranging from partial

duplication to nearly complete separation of two individuals who remain joined at only a few sites. Agerholm et al. (2025) reported that the zygote, particularly within the first 14 days of development, is highly susceptible to the genetic mutations and chromosomal abnormalities. However, some recognised factors include prenatal viral infections, exposure of the mother to teratogenic substances, deficiencies of vitamins such as vitamin A and folic acid, genetic influences, or a combination of these factors. Singh et al. (2018) and Raval et al. (2024) reported the successful delivery of a dicephalic calf in buffaloes using fetotomy. In this case, dystocia caused by a dicephalic calf monster in a Marathwadi buffalo was successfully managed by performing a partial fetotomy followed by traction of the foetus per vaginally along with appropriate and effective medical management of the dam.

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REFERENCES

Agerholm, J. S., Drögemüller, C., Steffen, D. J., & Jacinto, J. G. P. (2025). An overview of developmental disorders leading to dystocia in cattle. *Reproduction in Domestic Animals, 60*(S3), e70083. https://doi.org/10.1111/rda.70083

Gupta, V. K., Sharma, P., & Shukla, S. N. (2011). Dicephalus monster in a Murrah buffalo. *Indian Veterinary Journal, 88*(12), 72–73.

Kaçar, C., Özcan, K., Takçi, I., Gürbulak, K., Özen, H., & Karaman, M. (2008). Diprosopus, craniorachischisis, arthrogryposis, and other associated anomalies in a stillborn lamb. *Journal of Veterinary Science, 9*(4), 429–431.

Kumar, R., & Solanki, S. (2018). Dystocia caused by a dicephalus monster fetus in a buffalo: A case report. *International Journal of Agricultural Sciences and Veterinary Medicine, 6*(1), 53–54.

Mehmood, M. U., Abbas, W., Jabbar, A., Khan, J., Riaz, A., & Sattar, A. (2014). An iniodymus dicephalic buffalo neonate. *Journal of Animal and Plant Sciences, 24*(3), 973–975.

Raval, R., Vala, K., & Parmar, K. (2024). Clinical management of dystocia due to dicephalic foetal monster in a Jaffarabadi buffalo: A case report. *Buffalo Bulletin, 43*(1), 115–120.

Shukla, S. P., Garg, U. K., Pandey, A., Dwivedi, D. P., & Nema, S. P. (2007). Conjoined twin monster in a buffalo. *Indian Veterinary Journal, 84*(2), 630–631.

Singh, G., Dutt, R., Yadav, V., & Patil, S. (2018). Successful management of dystocia due to dicephalus foetal monster in a Murrah buffalo. *International Journal of Science and Nature, 9*(2), 258–259.

Vegad, J. L. (2007). *Textbook of veterinary general pathology* (2nd ed.). International Book Distribution Company.

Vermunt, J. (2009). Fetotomy. In D. E. Noakes, T. J. Parkinson, & G. C. W. England (Eds.), *Veterinary reproduction and obstetrics* (pp. 326–343). Saunders Elsevier.

Youngquist, R. S., & Threlfaee, W. R. (2007). *Current therapy in large animal theriogenology* (2nd ed.). Saunders Elsevier.

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