Case Report

Prolonged gestation associated with fetal abnormality in a Holstein-Friesian crossbred cow

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Summary

A Holstein-Friesian cross-bred cow was presented due to gestation being prolonged to >365 days. The presence of a dead fetus was determined by examination per rectum. Induction of parturition was attempted using dexamethasone and a $PGF_{2\alpha}$ analogue, but the cow did not respond. The fetus was therefore removed two days later by caesarian surgery. The fetus had gross abnormalities of the head, but the brain was at least partially intact. The cow recovered uneventfully after surgery. It was considered that the gross prolongation of gestation was due to a developmental perturbation of the hypothalamo-pituitary-adrenal axis that had prevented the initiation of parturition.

Clinical Findings

A first parity Holstein-Friesian crossbred cow was presented with prolonged gestation. It had been inseminated on July 8, 2021 and, after 4 months, pregnancy was confirmed and an expected date of delivery of April 8, 2022 was determined. The cow did not deliver on that data, and even after 356 days there were no signs of parturition. General clinical examination showed that the cow was healthy (weight: 350 kg, BCS: 2.5, rectal temperature: 101.4°F, respiration rate: 20/min, haemoglobin: 12 g/dL, mucous membranes: pink). Examination of the reproductive tract showed the presence of a fetus of relatively normal size for full term, but an absence of any fetal movements. It was determined that the fetus was dead. The cervix was closed.

Clinical Management

Induction of parturition was attempted using a standard $PGF_{2\alpha}/corticosteroid$ induction regimen. The cow was therefore given 500 µg cloprostenol (Ovuprost[®], Renata Ltd., Dhaka, Bangladesh) and dexamethasone (Dexa Vet[®], Techno Drugs Ltd,

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Dhaka, Bangladesh, @ 7.5 mg/kg) intramuscularly. However, the cow had not delivered within 48 hours, so it was decided to remove the fetus by caesarean surgery. Surgery was performed as described by Cox (1987), under a left-sided paralumbar vertebral block (2% Lidocaine HCl: Jasocain®, Jayson Pharmaceuticals Ltd., Dhaka, Bangladesh). After opening of the abdominal wall of the left flank, the uterus was partially exteriorised and incised along the greater curvature of the pregnant horn. The fetus was removed and the fetal membranes were separated from the maternal caruncles. Part of uterine wall was devitalized and there were areas of adhesion to the caecum (Fig. 1). There was a hemorrhagic remnants of the corpus luteum (CL) in right ovary (Fig. 2). There was debate as to whether the condition of uterus was an indication for ovariohysterectomy, but it was finally decided not to do so. Postsurgery, the peritoneal cavity was washed with normal saline and the abdominal wall closed in separate layers. Post-surgical analgesia was provided by meloxicam (0.5 mg/kg: Mel-Vet®, ACME Laboratories Ltd., Dhaka, Bangladesh) and pheniramine maleate (0.4 mg/kg), respectively: Antihista-Vet®, Square Pharmaceutical Ltd., Dhaka, Bangladesh). The cow was also given 20 mg/kg ceftriaxone sodium (Trizon vet®, ACME Laboratories Ltd, Dhaka, Bangladesh) intramuscularly for 7 consecutive days. The wound healed without any complication and, three months after the operation, the cow looked healthy and did not express any unfavorable behavioral signs.

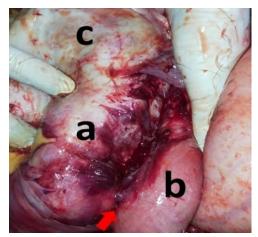


Fig. 1: Adhesions (red arrow) present between Fig. 2: Hemorrhagic right ovary with remnants part of the cecum (b) and uterus (b), with areas of devitalisation of the uterus (c) also present.



of corpus luteum.

Fetal Abnormalities

The fetus (Fig. 3) weighed about 30 kg. Its torso and limbs appeared relatively normal, and there was no sign of limb ankylosis or deformity. The head was grossly abnormal, with relatively microcephaly and substantial underdevelopment of the lower jaw. The Biswas et al. 27

orbits appear to have undergone relatively normal development, although the eyes were sunken and dehydrated. It was not possible to undertake a complete necropsy of the brain, pituitary gland and adrenals.



Fig. 3: The fetus, showing a relatively normal torso and an absence of ankylosis or mal-development of the limbs. The head showed gross mal-development of the lower jaw, non-development of the eyes within relatively normal orbits.

Discussion

Prolonged gestation is said to occur when a cow does not give birth within a normal gestation period. Prolonged gestation is a rare condition, whose aetiology is usually associated with fetal death and/or perturbation of the fetal hypothalamo-pituitary-adrenal axis. Prolonged gestation often occurs in cases of fetal death and either maceration *in utero* or mummification (Aiello, 2016; Mahajan *et al.*, 2022), due to the inability of the fetus to initiate the endocrine cascade of the initiation of parturition. In both of these cases, the death of the placenta means that parturition cannot be initiated by exogenous corticosteroids. However, as these pregnancies are generally associated with the presence of the CL of pregnancy (Conrad and Baker, 2013), termination of the prolonged gestation can be achieved through exogenous $PGF_{2\alpha}$.

Prolonged gestation is also very characteristically associated with fetal abnormalities that affect the brain, hypothalamus, pituitary and/or adrenal gland to the extent that such abnormalities were pivotal to the discovery of the role of the fetal adrenal axis in the initiation of parturition (Buczinski *et al.*, 2007; Cornillie *et al.*, 2007; Ebru *et al.*, 2019; review from Sheng *et al.*, 2021). However, the fetus in such cases is often enlarged, sometimes massively do, particularly in the case of headless 'monsters' (Purohit *et al.*, 2012; Sharma *et al.*, 2013). In the present case, the fetus was not grossly enlarged as,

even though a calf weighing $\sim 30 \text{ kg}$ is large for a cow weighing only 350 kg, it was within normal limits for calf weight. The absence of widespread fetal limb abnormalities suggests that the motor areas of the brain, at least, were likely to have been functional at the time when limb development was taking place.

Also, in the present case, the placenta appeared to be viable, inasmuch as there were no signs of necrosis/decay, and there had to be manual separation of the maternal and fetal cotyledons. Likewise, the presence of a haemorrhagic CL would suggest that the CL of pregnancy had been present at the time of induction of parturition (i.e. it had been lysed by the exogenous $PGF_{2\alpha}$). It therefore seems probably that the prolonged gestation was due to a perturbation of the fetal mechanisms that induce the onset of parturition, rather than a failure of the maternal or placental endocrine mechanisms.

Other causes of prolonged gestation can include hormonal imbalance, fetal death, dystocia, gross uterine infection and cervical fibrosis (Buczinski *et al.*, 2007; Cornillie *et al.*, 2007). It may also be seen in calves developed through cloning, *in vitro* fertilization, and embryo transfer as part of the 'large newborn calf' syndrome (Norman *et al.*, 2007; Kornmatitsuk *et al.*, 2002). However, none of these appear to have pertained to the present case.

Induction of parturition is generally regarded as a reliable tool for clinical management of prolonged gestation and fetal oversize in cattle (Singha and Paul, 2019), such that dexamethasone alone or in combination with $PGF_{2\alpha}$ analogue is widely used for emergency induction of parturition (Lewing *et al.*, 1995; Shukla *et al.*, 2008). In the present case, hormonal induction failed to initiate parturition, so caesarean surgery remained the only option to remove the fetus.

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