

## Agenesis of the Left Abdominal Wall in A Fetus Yeanling (Bir Oğlak Fetusunda Sol Abdominal Duvar Agenezisi)

E. Sinem ÖZDEMİR SALCI<sup>1</sup>  Kamil SEYREK İNTAŞ<sup>1</sup>

<sup>1</sup> Department of Obstetrics and Gynecology, Faculty of Veterinary Medicine, Uludag University, 16059 Bursa - TURKEY

Makale Kodu (Article Code): KVFD-2013-10174

### Dear Editor,

Several pathologies are encountered in the goat's embryo and fetus that they occur due to infectious and non-infectious reasons at pre-implantation, embryonic and fetal periods. Embryo and fetal diseases resulted in internal and external factors are described as "embryopathy". The well-known fetal diseases are schistosoma reflexum, perosomus elumbus, monster fetus and hybrid newborns [1,2]. The abdominal defects are commonly seen on the ventral and dorsal abdominal regions, which are suspected as a result of the amnion membrane deformity. Ventral abdominal defects result in partial or total side plate absence during the genesis of the vertebral column. These fissures can either extent from thorax to pelvis or form only on thorax, abdomen or pelvis [3]. We aimed to report an agenesis of the left abdominal wall in a fetus yeanling and thought to share its clinical appearance and radiological results with the veterinary practitioners.

A Siena breed, 4 year-old, female goat was presented to Uludag University, Faculty of Veterinary Medicine Emergency Clinics with a postpartum problem. The goat had a spontaneous yeanling birth one day ago; however,

the birth pangs had not terminated since then. The owner had seen an intestinal segment and a rounded tissue protruding the vulva, which was suspected by the owner as mummy's abdominal organs. Clinically, the intestinal segments and urinary bladder was protruding from the ventral commissura of the vulva. Although vital parameters of the goat were normal, abdominal palpation was painful and she had a sensibility. Intra-vaginal examination diagnosed a dead fetus and its abdominal organ's protrusion from the mummy's vulva that the fetus was removed from the uterus as a single piece. Examination of the fetus demonstrates only a congenital absence on the anatomical structures of the left abdominal wall (Fig. 1). The absence extents from last rib to tuber coxae craniocaudally, and from spinal process of the lumbal spine to ventral midline dorsoventrally. The intraabdominal organs were protruding from this defect and there was bilateral sacroiliac joint separation resulted from removing of the fetus from the birth canal. There was no other congenital malformation about the other systems (thoracic fissure, any organ hypoplasia and atresia, rudimental uterine, cryptorchidism, hydrocephalus, diaphragmatic rupture, cardiac anomalie etc.) on the fetus, macroscopically.

Fig 1. Clinical appearance of the case

Şekil 1. Olgunun klinik görünümü



### İletişim (Correspondence)



+90 224 2940828



ssalci@uludag.edu.tr



**Fig 2.** These radiographs demonstrate the intraabdominal organ protrusion (a), absence of the continuity and integrity on the left abdominal muscles and bilateral sacroiliac joint separation (b)

**Şekil 2.** Bu radiograflar intraabdominal organ protrüzyonunu (a), sol abdomen kaslarında bütünlük ve devamin olmadığını ve bilateral sakroiliak eklem ayrılmasını göstermektedir (b)

The lateral and ventrodorsal radiographs of the fetus were taken. Radiologically, there was no continuity and integrity on the left abdominal muscles. Intraabdominal organ protrusion and bilateral sacroiliac joint separation were corrected (Fig. 2a-b).

Based on the macroscopic findings of the fetus, agenesis of the left abdominal wall and its results were diagnosed in this fetal yeanling.

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