Uterine Prolapse in A Cockatiel Related to Chronic Egg Laying

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Summary

A 6 years old cockatiel that laid three eggs in two consecutive days was admitted to the clinic with the complaint of bleeding from the cloaca generate this case. A necrotic tissue that was hanging out and shattered by the cockatiel was noticed in the examination. The prolapsed tissue was determined as uterus (shell gland). The necrotic part of the uterus was excised and it was replaced to normal position. The cloacal opening was sutured. For postoperative care an antibiotic was prescribed for a week. At the last examination one week after the operation no abnormality was detected in the cockatiel and the sutures at the cloaca were removed. In conclusion, it is indicated that such cases can be treated by operatively.

Keywords: Cockatiel, Prolapse of Uterus, Surgical approach

Bir Kokatiel’de Kronik Yumurtlamaya Bağlı Prolapsus Uteri

Özet


Anahtar sözcükler: Kokatiel, Prolapsus uteri, Cerrahi yaklaşım

INTRODUCTION

Chronic egg laying is a common condition in female birds frequently in parekeets, cockatiels, budgerigars, finches, lovebirds. Normally birds lay egg no more than 2 to 3 clutches per year. When a bird have multiple clutches per year as once monthly or every two months and repeated clutches or repeated larger-than-normal clutch sizes not existing an avian mate or at an inappropriate season, it is considered as chronic egg layings. Chronic egg laying is a serious metabolic drain for reproductive tract that leads imbalances in calcium stores which leads to osteoporosis, yolk peritonitis and egg-binding. Predisposing factors that cause chronic egg layings in birds are unbalanced diet, psychogenic factors, genetic problems, insufficient environment, altering in hormonal balance.

Prolapse of the oviduct, uterus, vagina and/or cloaca may occur secondarily to any condition that causes excessive abdominal straining as normal physiologic hyperplasia, normal egg laying, as a result of dystocia, various diseases that effect these tissues, general debilitation and malnutrition.

The uterus protrudes especially with a partial prolapse of the cloaca and vagina through the oviduct.

Irrigation, careful cleaning and lubrication of prolapsed...
tissue are necessary for treating the condition. Prolapsed tissues must be treated immediately. Surgery is needed when the oviduct is necrotic and/or when the egg can not pass medically or on its own. Prolapsed tissues are susceptible to infection and injury, they should be flushed with sterile saline solutions and moistened tissues must be gently replace to normal position with a lubricated swab. Transcloacal sutures can be placed on either side of the vent to avoid the recurrence. Also a hole should be left for maintaining an exit for urine, urates and faeces. Broad spectrum antibiotics should be administered while bacterial cultures are pending.

The purpose of this paper is to report the treatment of the prolapsed uteri in a cockatiel.

CASE HISTORY

A 6 years old cockatiel that was admitted to the clinic with the complaint of bleeding generate this case. The bird is fed seed based diets. Generally the bird lays egg once in a month and forms two eggs in her each layings. The owner defined that cockatiel laid egg for 3 times at two consecutive days. At the first day the bird laid two eggs and next day the bird laid one more egg too. After the last laying egg, at night the owner noticed the bleeding at the rear side of the bird and in the morning the owner brought the bird to our clinic for the examination. The owner defined that all the laid eggs were calcified. Also there was no male bird in the cage. In the examination, the bird’s general condition was detected good and a prolapsed tissue was noticed at the moment. After the examination the tissue was diagnosed as uterine prolapse (Fig. 1) also radiographic examination revealed that there was no egg visualized via the cloaca and it was decided to operate the bird to treat the condition. Consequently, the cockatiel underwent inhalation anesthesia by using 2% isoflurane (Forane liquid®, Abbott, Turkey) by mask. During the operation the patient’s heart rate was contiously monitored when the hearth rate decreased, the anesthesia was suspended and given oxygen to the patient. Oxytocin (1 unit/kg, Oksitosin; Vetaş, Turkey) was administered to the prolapsed tissue and uterine canal opening by a swap in order to reduce the mass (Fig. 2). Also the tissue was regularly flushed with 20 ml serum physiologic and 1 flacon crystal penicilline (Kristapan fik, Deva, Turkey) combination. The canal opening lubricated by a swap to avoid laceration. The necrotic tissue was dissected and 5/0 vicryl was used to suture the mouth of the canal opening by simple split suturing. After the suturing, the rest of the healthy tissue removed with a cotton swab by gentle inward pressure and the prolapsed tissue was normally positioned. The cloaca was sutured by purse-string suture.
to reduce the cloacal opening with 5/0 polyglactin 910 (Vicryl®) to avoid the recurrence of the prolapsus. An elizabethan collar was placed around the bird’s neck for the protection of the access to the sutures. For postoperative care an antibiotic (Baytril, 2.5% liquid®, Bayer, Turkey) to the bird’s water supply (0.5 cc/2 L water) was prescribed for a week. The sutures were removed one week later (Fig. 3). The owner defined there was no problem at the defecation and in general condition of the cockatiel after the operation.

DISCUSSION

According to the owner’s information, this bird lays egg monthly and has two clutches in her each layings. So it was decided that it was a chronic egg laying in line with Hadley 3. An egg can be seen within the prolapsed uterine tissue 7. In this case, there was not an egg in the uterus during the radiographic examination.

Many cases require surgery to resolve the condition under general anesthesia. The prolapsed tissue should be cleaned with dilute chlorhexidine solution and rinsed with saline 3. This bird was operated to purify the necrotic tissues and to handle the problem but before operation the tissues were cleaned with warm saline solution and crystal penicilline combination. An Elizabethan collar was placed to avoid the bird from operation side as Hadley reported 3.

Prolapse of uterus may occur to egg binding or in conjunction with cloacal prolapse 7. In this case prolapse of uterus was formed as a result of chronic egg laying.

The prolapsed tissue can be replaced using a gloved finger or sterile swab 7. In this case the prolapsed tissues were replaced with a sterile swab.

In conclusion it is demonstrated that prolapse of uterus can be successfully treated surgically under general anesthesia in cockatiels.

REFERENCES