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Successful manual management of egg retention associated with cloacal prolapse in a parrot

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ABSTRACT

Egg retention is a commonly encountered reproductive problem in birds and may lead to complications such as cloacal prolapse if not treated promptly. A two-year-old parrot weighing 85 g was presented with a two-day history of swelling in the posterior region of the body, reduced activity, anorexia, and absence of defecation. Clinical examination revealed cloacal prolapse associated with a retained egg, along with tenesmus, laboured respiration, and persistent tail wagging. The bird was carefully restrained, and the retained egg was manually removed through controlled fragmentation after cleaning and local desensitisation of the cloacal region. The prolapsed tissue was then flushed, lubricated, and gently repositioned into its normal anatomical position. Postoperative treatment with oxytetracycline and meloxicam was provided. The bird recovered completely without any post-treatment complications. This case shows that careful manual removal of a retained egg followed by reduction of the prolapse can be a simple and minimally invasive treatment option in suitable cases.

Keywords: Egg retention, Cloacal prolapse, Parrot, Manual management, Egg binding, Avian reproduction

Introduction

Egg binding is a condition in which an egg fails to pass through the oviduct within the normal time required for laying. It is one of the commonly encountered reproductive problems in birds. In most birds, an egg is formed and laid within 24–26 hours after ovulation, with subsequent eggs usually being laid at intervals of about 48 hours (Harrison, 1986) [1]. Cloacal prolapse, on the other hand, occurs when the internal tissues of the cloaca protrude through the vent (Crespo *et al.*, 2003) [2]. Cockatiels, budgerigars (parakeets), and finches are among the most commonly kept pet birds and are frequently affected by egg binding (Saranya *et al.*, 2018). Several factors can contribute to egg binding and the development of cloacal prolapse, including chronic egg laying, impaired oviductal muscle function, nutritional deficiencies, malformed eggs, oviductal injury, systemic diseases, species-related predisposition, and disturbances in calcium metabolism caused by calcium depletion, poor absorption, or inadequate dietary calcium availability (Idris, 2022) [3]. When not treated promptly, egg binding can result in prolonged egg retention and complications such as granuloma formation, uterine impaction, extrauterine egg deposition, and, in severe cases, death (Demir *et al.*, 2025) [4].

Material and Methods

A two-year-old parrot weighing 85 g was presented to the Veterinary Clinical Complex, Nagpur Veterinary College, Nagpur, with a two-day history of swelling in the posterior region of the body, reduced activity, and anorexia. On physical examination, a mass was observed protruding through the cloacal opening. Further examination confirmed cloacal prolapse associated with a retained egg (Fig No.1). The bird showed signs of tenesmus, laboured respiration, persistent tail wagging, and complete absence of defecation.

The bird was manually restrained using the towel technique, taking care to avoid excessive restraint that could result in physical injury or respiratory distress. The cloacal region was gently cleaned with water containing an appropriate antiseptic solution to remove adhering dirt and debris. Subsequently, 2% Xylocaine (lidocaine hydrochloride) jelly was applied to the cloacal mucosa for local desensitisation and to facilitate manipulation.



Figure 1. parrot with egg retention and prolapsed cloaca

The retained egg was carefully manipulated and removed through the cloacal opening by controlled fragmentation. After removing the egg fragments and residual material, the prolapsed tissue was thoroughly flushed with normal saline. Pop-in spray was then applied to the prolapsed tissue to help reduce oedema and facilitate replacement (Fig. No. 2). Following adequate lubrication, the prolapsed cloacal tissue was gently and gradually repositioned into its normal anatomical position (Fig. No. 3).

Postoperatively, oxytetracycline hydrochloride (5.5% w/v) was administered intramuscularly at a dose of 0.25 mL/kg body weight. Meloxicam was administered at a dose of 0.2 mg/kg body weight for five days to help control inflammation and discomfort. The bird was monitored for recurrence of cloacal prolapse, defecation, activity, and general clinical condition during the postoperative period.

Result and Discussion

The bird recovered completely without any post-treatment complications. Egg retention is a common reproductive problem in birds, and prolonged straining may lead to prolapse of the oviduct or cloaca. It is more frequently seen in first-time layers and can occur due to several factors, including nutritional problems and the presence of abnormally large eggs (Joy and divya, 2014) [5]. In this case, the large size of the retained egg was considered the main factor responsible for egg retention and subsequent cloacal prolapse. Early diagnosis and appropriate treatment helped in the successful management of the condition and resulted in complete recovery.

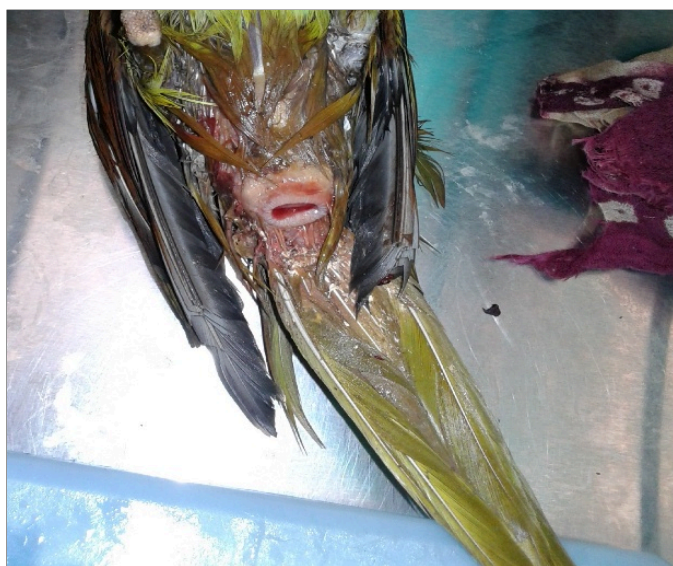


Figure 2. Application of pop in spray Fig No.3 Post repositioning of prolapsed mass

Conclusion

This case demonstrates the successful manual management of egg retention with cloacal prolapse in a parrot. The retained egg was carefully removed, and the prolapsed tissue was gently repositioned, resulting in complete recovery without complications. In suitable cases, this simple and minimally invasive approach may be considered as an alternative to surgical intervention.

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