

Cloacal Prolapse

There are many other potential causes of cloacal prolapse.

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I have an umbrella cockatoo that has cloacal prolapse. She has intermittently laid eggs over a two-year period and has had two sutures placed to prevent the problem. She continues to have trouble, although her condition has gotten better. Can you shed some light on this disease, and is there a cure?

First, there is no cure, which makes these horribly frustrating cases for the owner, the bird and the veterinarian. The fact that your bird is showing improvement is positive. Have patience with your veterinarian, because it sounds like he or she is trying to perform the least dangerous procedures in order to keep your bird healthy and happy.

Causes
Oftentimes, this condition has been occurring for sometime before the owner notices it and presents the patient for examination. The protruding pink or red tissues of the cloaca are often hidden under the vent feathers for months before they become large enough to be seen by the owner. If the bird has started chewing or traumatizing the protruding tissue, blood is often seen on the cage floor or on the feathers of the vent or tail. There may also be blood associated with the droppings. Previous egg laying, especially complicated egg laying, can be the predisposing factor to the stretching of the cloacal wall and muscles. This distension and stretching can result in very sloppy muscles of the cloacal attachments and the vent opening. When these become stretched and lax, the result can be the prolapse, or the falling out, of the cloacal wall. This results in the pink mass you see protruding from your bird.

There are many other potential causes of cloacal prolapse, and these should be investigated for the safety of your bird. Cloacal masses, like tumors or cloacoliths, can take up room in the cloaca and result in tremendous straining, just like an egg. This causes overstretch in the tissues and results in prolapse. Anesthesia and endoscopy are necessary to rule out these possible problems.

Straining can also be caused by cloacitis (inflammation of the cloaca), enteritis (inflammation of the intestine), and papillomatosis (a viral disease that produces small to large growths called papillomas). These conditions must also be investigated by Gram's stain, culture and sensitivity and, possibly, even intestinal biopsy. Mycobacterial infections can cause granulomas within the gut wall and the resultant straining can be associated with cloacal prolapse. The many possible causes of cloacal prolapse make it impossible for a single procedure or answer to cure this multifactorial condition.

Treatments
Surgical therapies should only be considered after the proper diagnostic work-up has been performed to rule in (or out) the above-mentioned conditions.

Sutures can be placed horizontally across the vent to decrease the size of the opening; these are temporary sutures that are usually removed in two to three weeks. This treatment is usually effective in very minor cases of prolapse that have been diagnosed as a medical problem, like cloacitis. If the cloacitis can be effectively corrected, the straining will cease and the bird will not need further treatment. These cases are rare in my practice.

Another suture technique is used along the lateral side of the body wall that ties the cloacal tissues to the pubis bones. This technique is often more effective than the one mentioned previously. It is a fast, safe procedure that does not require major surgery into the abdomen. Right now, I have an umbrella cockatoo in my practice that this procedure is doing very well on.

The cloacal opening can be reduced in size by simply cutting out a section of the distended orifice and closing the fresh edges and allowing them to heal. This treatment may be effective in minor cases.

If suturing and reducing the opening prove unsuccessful, more involved surgical procedures are necessary. One surgical procedure is to open the abdomen with an abdominal incision and expose the cloaca. The cloaca is sutured to the last or eighth rib. One suture is placed on each side to stabilize the cloaca to each rib. Care must be taken not to include the ureters, or any other part of the intestine, in these sutures. This procedure is aptly named a rib cloacopexy. In some cases it is curative. In other cases, the sutures break down and the surgery must be repeated. If these sutures are tied very

tight, enough to invert the vent, then the chances of success are increased.

Another surgical procedure is a ventral abdominal incision that closes the cloaca into the body wall incision (again, with enough tension to invert the cloaca). There are actually two incisions in the body wall in this procedure, each off to the side of the midline (paramedian). Each incision captures a piece of the cloaca in the closure.

Hopefully, one of these procedures will work for your bird. Yes, I have had birds that I performed all of these procedures on and more before I effected a "cure." Many times, diet is the cause of cloacitis. As always, I must stress the importance of a good diet.

Thanks for your question and good luck!

If you have a question for Dr. Vaughn, send him an e-mail care of BIRD BREEDER at birdbreeder@fancypubs.com. We regret that columnists are not able to respond to letters individually.

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