

# Surgical management of crop fistula in gray parrots

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## ABSTRACT

Crop fistula occurs commonly in Psittacine birds which might be due to accident, chronic irritation and feeding of hot food. Two African grey parrots were presented with a history of oozed out of food material from the crop region for the past five days. Physical examination revealed crop fistula and crop contents coming out through the fistulas opening. The wound was noticed at neck region and pain evinced on palpation. The site was prepared and procedure was performed under 1% lidocaine anesthesia. Fistula was repaired using catgut suture material 3/0 by continuous pattern and skin was closed with an interrupted pattern. Cefexim drop at the dose rate 20 mg/kg body weight and Inj. Meloxicam was administered intramuscularly at the dose rate of 0.2mg/kg body weight, postoperatively. The bird showed an uneventful recovery after 15 days.

**Keywords:** African grey parrot, crop fistula, surgery.

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The crop is a temporary food storage site, a large dilation of the esophagus located just prior to where the esophagus arrives the thoracic cavity, the crop problems occurred most frequently in the neonatal and young birds (Kumar et al., 2016) Primary noninfectious lesions of crop mainly included crop burns, foreign body penetration, Vitamin A deficiency, crop impaction and ingluviolith formations (Mallikarjuna Rao et al., 2016). The present case describes the surgical management of traumatic crop fistula in a Gray parrot.

## Case history and observations

The two gray parrots were presented to Teaching Veterinary hospital, CVASU aged 9 months and 10 months, weight 258 gms and 345 gms respectively with a history of oozing out of food material from the crop region for the past five days. Physical examination revealed crop fistula through which crop contents were coming out.

## Treatment and discussion

Surgical site was prepared by plucking the feathers and placing the birds on the operation table in a ventrodorsal position manually with the head elevated and birds were kept in towels to prevent hypothermia. Ring block anesthesia surrounding the swelling was performed using 1% lidocaine. The skin was prepared for an aseptic operation using povidone-iodine solution and surgical spirit. The necrosed tissue was removed and made site fresh. The fistula was repaired using catgut suture material 3/0 by continuous pattern and skin was closed with the interrupted pattern.

Successful anesthesia with suitable surgical suture technique for management of crop fistulation in African grey parrots was observed. Fistula, Most of the burns that have occurred in juvenile birds, because of owners fed the bird by misguidance (Kumar et al., 2017), Crop fistulation in birds like sharp iron objects (Phaneendra and Saibaba, 2015) and crop injuries by animal bites, ingestion of foreign body, excessively hot food grains feeding, chronic irritations (Kumar et al., 2017), foreign body penetration causing crop injury in a pigeon (Basha et al., 2010). Before repair of structure trimming of the necrosed edges was done as advised by Bennett and Harrison (1994) in oesophageal perforations and Coles (2008) in fistulation of the crop.

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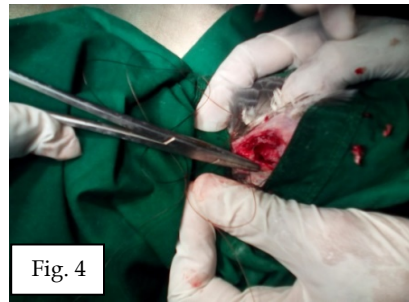
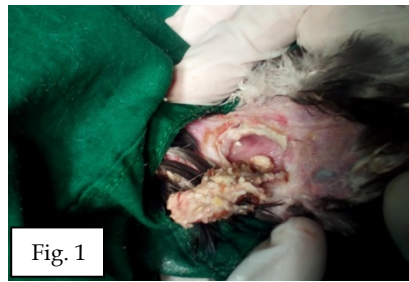


Fig. 1. Crop fistula and necrotic tissue, Fig. 2. Trimming of the necrotic tissue (Case 1), Fig. 3. Trimming of the necrotic tissue (Case 2), Fig. 4. Surgical repair of fistula, Fig. 5. Post-operative view of Case 1, Fig. 6. Post-operative view of Case 2.

Early presentation and appropriate surgical reconstruction of the esophagus showed a good recovery in the present case without any postoperative complications during 15 days.

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