

Management of Cloacal Prolapse in Indian Flap Shell Turtle: A Case Report

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ABSTRACT

A one-year-old male Indian flap shell turtle (*Lissemys punctata*) was presented with a history of protrusion of a prolapsed, inflamed, oedematous mass from the cloacal vent, anorexia, and no defecation in the last 10 hours. Faecal examination was negative for protozoa and nematode infestations. On clinical examination, the mass was confirmed as a cloacal prolapse. The prolapsed mass was cleaned and lubricated with lignocaine jelly and soframycin ointment. The mass was repositioned with the help of ear buds and retained by applying a purse-string, polyamide suture around the perianal vent. Post-operative supportive treatment was provided for five days, and the animal recovered without any complications.

Keywords: Indian flap shell turtle, Cloacal prolapse, Surgical management

The Indian Flap Shell Turtle (*Lissemys punctata*) is a freshwater species found in Southeast Asia (Norton, 2005). They are omnivores in nature, and their diet typically consists of aquatic plants, fish, insects, and small amphibians. In turtles, the cloaca is a cylindrical organ that functions as a common chamber for the urinary, gastrointestinal, and reproductive tracts (Jain *et al.*, 2014). Cloacal prolapse usually results from chronic low blood calcium, neurological dysfunction, and excessive straining due to underlying causes such as constipation, bacterial or parasitic enteritis, cystic calculi, egg binding, or other conditions that induce straining (Singh *et al.*, 2019). In chelonians, organ prolapse is an emergency condition and can desiccate and

necrose if not promptly treated (Hedley and Eatwell, 2014).

A one-year-old male Indian flap shell turtle was presented to the Teaching Veterinary Clinical Complex, ICAR-IVRI, Izatnagar, with a complaint of a protruded red-coloured mass from the cloacal vent (Fig. 1) for 10 hrs. The animal was anorectic and was unable to defecate. The mass was reported to be small initially, which gradually increased to around 2-3 inches. The animal was active, with good body condition, weighing about 150 g. The hydration status was normal, and the colour of the mucous membrane was pink. After gentle pressing, the prolapsed mass released a small amount of faecal material, which was tested and found to be negative for any parasitic infestation. Clinical examination found that the mass was inflamed, swollen, and oedematous, protruding from the cloacal vent, and was confirmed as cloacal prolapse. The prolapsed mass was susceptible to injury and laceration from the external environment. Hence, immediate veterinary intervention was required to avoid stress and injury.

TREATMENT

The prolapsed mass was cleaned with cold normal saline mixed with 5% povidone iodine. Pre-operative antibiotic - enrofloxacin (5 mg/kg) and analgesic - meloxicam (0.2 mg/kg) were given subcutaneously (as per Norton, 2005). Lignocaine jelly (2%) along with soframycin ointment was applied topically on the prolapsed mass to achieve local anaesthesia, and a small amount of lignocaine solution was also infiltrated around the pericloacal vent. After reduction of the size and oedema, the prolapsed mass was repositioned

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to its normal anatomical position with the help of cotton ear buds (Fig. 2). The purse string suture was applied around the pericloacal vent using polyamide no. 2-0 (Fig. 3) after repositioning to create a narrow opening just tight enough to allow the passage of urinary and faecal material. Postoperatively, oral enrofloxacin at 10 mg/kg body weight once daily for 5 days, meloxicam at 0.4 mg/kg body weight once daily for 3 days, and a multivitamin supplement Vetrivit Turtle for 20 days were advised. Daily antiseptic dressing of the cloacal vent was done using 5% povidone iodine twice daily for seven days. The purse string suture was removed on the 8th day, with a one-month follow-up. The animal recovered without any complications or recurrences.

DISCUSSION

Cloacal prolapse is a common clinical condition occurring in Chelonii (De Voe, 2002). The treatment involves cleaning, lubricating, and repositioning the tissue into the vent. The purse-string suture must be applied to prevent recurrence in case of acute prolapse (Bennett, 1996), while in chronic conditions, reduction may be difficult, which may necessitate celiotomy or amputation (McArthur, 2004). However, early diagnosis and effective veterinary care generally lead to a successful

outcome.

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Fig.1: Mass protruding from cloacal vent



Fig. 2: Repositioning prolapsed mass



Fig. 3 Application of a purse-string suture