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Research Article

MANAGEMENT OF CLOACAL PROLAPSE IN A RETICULATED PYTHON

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ARTICLE INFO	ABSTRACT
Article History: Received 05 th Octember, 2014 Received in revised form 13 th November, 2014 Accepted 28 th December, 2014	This report is based on the findings from a captive reticulated python aged around eight years weighing 52 kilograms and 5.9 feet in length showed history of dullness, depression and a large sized bright red colored soiled mass hanging outside the vent. On detailed examination, the everted mass was identified as cloaca and the condition was called as cloacal prolapse. Cloacopexy was performed. The treatment and prevention methods were discussed.
Keywords:	

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INTRODUCTION

Cloacal Prolapse, Cloacopexy and Reticulated Python.

Reticulated Python is a large nonvenomous, poikilothermic species found in many tropics and sub tropic areas of Southern and Southeast Asia. The color pattern is whitish or yellowish with the blotched patterns varying from shades of tan to dark brown and reaches usually 3 meters in length and weighing as much as 90 kg (Mader, 1996). Cloaca is a passage used for eliminating faecal, urinary and reproductive discharges. From the Latin word meaning "sewer".

Eversion of cloaca through the vent is called as Cloacal prolapse. Cloaca is separated from the large intestine by considerable width and exits close to the caudolateral margin of the vent (Simpson, 2010). Cloacal glands are usually present in snakes and serves as a defense mechanism by producing copious odoriferous secretions and as a trail marker during reproductive behavior. Cloacal prolapse in pythons were usually caused due to numerous intrinsic and extrinsic factors. The present paper communicates cloacopexy, a successful surgical management in python.

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MATERIALS AND METHODS

An expert team with standard procedure performed the Cloacopexy under Ketamine Hydrochloride anesthesia @ 25 mg/kg body weight Justin *et al.* (2011). The python was kept in a dorsal recumbent position and the prolapsed mass was cleaned with antiseptic solution and allowed to regression of prolapsed mass for 10-15 minutes. Circumcostal cloacopexy was performed anterior to the cloacae using no. 2-0 PGA (Fig.2) in a continuous pattern and by simultaneously maintaining the cloacae patency by placing a 10 ml sterile syringe inside the vent (Martinez and Hernandez, 2007; Sykes, 2010).

RESULTS AND DISCUSSION

The present paper communicates the reticulated python with a history of cloacal prolapse (Fig.1) in captivity and it may be due to increased abdominal pressure or increased peristalsis, Unusual weather conditioning (sudden warm spell after a prolonged cool period) and Predisposing factors like neurological dysfunction, excessive libido (Jayathangaraj *et al.*, 2007; Kik *et al.*, 2011).



Fig.1. Python Showing Cloacal prolapse



Fig.2. Python-After Cloacopexy Treatment

The cause of a prolapse of the cloacae is intrinsic to the organ itself or paralysis of the pelvic floor sphincter complex or a loosening of the suspending ligaments. For the development of a prolapse there might be a break in caliber between the very tight pelvic colon and the wide rectal reservoir (Hedley and Eatwell, 2014; Leash, 1977).

Precautions

Keep the prolapsed animal warm and protect it from direct heat sources and keep the prolapsed mass moist, clean and protect from trauma by cage-mates and check for the prolapsed mass for any retained eggs, fetuses or very firm stool. Carefully and gently invert and return prolapsed tissue. NEVER simply "stuff" tissues back into the cloaca.

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