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Surgico-manual Approach towards Rectal Prolapse in Softshell Turtle: A Case Report

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Abstract:

A soft shell turtle presented with history of pink, swollen structure protruding below the tail since 2 days reported and the condition earlier diagnosed as rectal prolapse. Protruding mass was washed with normal saline and applied ice fomentation, local application of xylocain gel and carefully prolapse rectal mass was pushed in original anatomical position sutured. To avoid the recurrence purse string suture was applied. Oral antibiotics, anti-inflammatory, and multivitamins was given to the animal once daily up to five days and the animal recovered uneventfully at days and prolapsed did not appears.

Key Words: Rectal prolapse, soft shell turtle, Xylocaine gel

Introduction:

In turtle cloaca is common passage for digestive, reproductive and urinary tract. In soft shell turtle prolapse or eversion of the cloaca occurs including digestive, reproductive and urinary tract (Korkmaz *et al.,* 2014) . Cloacal prolapsed may seen in those turtes that have been out of the water for long time or are suffering from intestinal obstruction or impaction or metabolic disorder (calcium deficiency). Once the patient is returned to the water, most prolapses resolve without treatment (Dogu *et al.,* 2015).

Case History and Clinical Observations:

A 2 year old male soft shell turtle having weight 190 gm was presented in Pet Care Clinic, Bhandara (M.S.) with the complaint with black colour prolapse mass with complaint of a big pink colour mass protruded below the tail region since 2 days. History noted that owner often keep turtle outside of water. Defecation, urination and appetite were normal. On clinical examination, diagnosed as rectum prolapsed. The animal was kept in a tub of normal saline to avoid further injury to the prolapse part.

Figure 1. Inflamed rectal prolapse

Figure 2. Applied purse string suture

Figure 3. Correction of prolapse mass

Surgical Management:

After clinical examination, prolapse mass washed with sterile water fallowed by 2% metronidazole solution and reduced with the ice fomentation (Barten, 2006) and application of betadine respectively and then 2% xylocaine gel was used over the mass (Mans *et al.,* 2011b; Spadola *et al.,* 2015). The rectal mass was inserted back but after some time prolapse portion again came out because of straining. After application of liquid paraffin for lubrication the prolapsed mass was inserting manually after 10 minutes. This prolapse mass was reduced and local anesthesia applied soft shell turtle did not strain and prolapse mass retained there and purse string suture was applied under septic condition with chromic catgut no. 3-0.

Treatment was instituted with Enrofloxacin @ 5 mg/kg and Meloxicam 0.02 mg/kg body wt. IM once daily up to five days (Spadola *et al.,* 2015) and animal was kept all seven days in oral medication Intacal and Multivit turtle drop and no occurrence of protrusion again (Korkmaz *et al.,* 2014; Dogu *et al.,* 2015).

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Conclusion:

Successful surgical management by repositioning the prolapse mass and postoperative interventions is important to prevent rectal prolapse.

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