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Dystocia in a budgerigar: A case report

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Abstract
Egg binding condition or dystocia is a common and potentially life-threatening condition in avian species, particularly affecting smaller birds like budgerigars, cockatiels, and finches. It occurs when a female bird is unable to pass an egg, resulting in a variety of clinical symptoms such as lethargy, straining to defecate, ataxia, and dyspnoea. This condition often arises from inadequate diet intake, lack of calcium, or other essential nutrients, which can lead to soft-shelled eggs and uterine-atony. This case-report involves a six-month-old female budgerigar presented with acute onset lethargy, straining to defecate, ataxia, and mild-dyspnoea, all indicative of egg binding. Clinical examination revealed a firm mass prolapsing at the cloaca, and radiographs confirmed the egg binding condition. The cloaca was lubricated with lignocaine-gel to facilitate the passage of the egg and reduce straining. Needle aspiration of the egg contents was done to reduce the egg size and its pressure in the cloaca. The egg was then carefully collapsed, and the remaining shell fragments were withdrawn using a syringe and haemostats. The bird showed a positive clinical response, with symptoms resolving within three hours. This case emphasizes the importance of early diagnosis and conservative treatment in managing egg binding in avian species. Prompt intervention, including supportive care, lubrication, and careful manual extraction, can lead to a successful recovery and prevent further complications.

Keywords: Bird dystocia, cloacal prolapse, egg binding in birds, hypocalcaemia

Introduction
Egg binding (or dystocia) is a serious medical condition most commonly seen in small bird species, such as budgerigars, cockatiels, and finches (Echols, 2002) [1]. Egg binding is defined as the prolonged and abnormal retention of an egg in the oviduct. Dystocia, on the other hand, refers to a more severe condition where the developing egg becomes lodged in the distal oviduct, potentially obstructing the cloaca or even prolapsing through the oviduct-cloacal opening (Jenkins, 2000; Joyner, 1994 & Gorham *et al*., 1992) [3, 4, 2]. Dystocia is often more advanced than simple egg binding and can result from a variety of causes, including metabolic factors such as inadequate nutrition, particularly a lack of calcium, protein, and essential vitamins, which can result in soft-shelled eggs and uterine atony, functional issues (such as malformed eggs, cloacal masses, or obesity), environmental stressors such as temperature changes, lack of exercise, or other stress factors (Speer, 1997; Joyner, 1994) [5, 4]. Additionally, behavioural factors such as being a first-time egg layer or a prolific layer can increase the risk and hereditary conditions or diseases. Egg binding, if not promptly addressed, can lead to life-threatening complications like uterine rupture, kidney damage, and death. The early recognition of clinical signs and the initiation of appropriate treatment are critical for the successful recovery of the affected bird. Captive conditions, which often provide readily available food, water, light, appropriate temperatures, and sometimes a constant mate, tend to promote reproductive activity in pet birds. Consequently, excessive egg-laying, prolonged broody behaviour, and reproductive tract diseases are common, particularly in smaller bird species such as cockatiels and budgerigars. These conditions highlight the importance of managing reproductive health in pet birds to prevent complications like egg binding and dystocia.

Case History

A six-month-old female budgerigar was presented with a history of depression, acute lethargy, straining to defecate, and limb ataxia. The bird also exhibited signs of mild dyspnoea, prompting further investigation. Upon physical examination, the bird was fluffed up with signs of abdominal straining which is indicative of egg binding. The bird remained at the bottom and the corner of the enclosure and exhibited signs of general malaise. A firm mass was visualized through the cloaca, suggesting the presence of an egg. Whole-body radiographs confirmed the diagnosis of egg binding, revealing a prolapse mass is egg. The bird's clinical signs were consistent with egg binding, and medical intervention was deemed necessary to resolve the condition and prevent further complications. The bird's owner provided a history of inadequate diet, with a suspected lack of calcium and other essential nutrients.

Therapeutic Management

The therapeutic approach for egg binding involves a combination of supportive care and pharmacological interventions to facilitate the passage of the egg. In this case, the following treatment protocol was initiated.

- **Fluids and Supportive Care:** The bird was administered with subcutaneous (SC) fluids to address dehydration. It was placed in an incubator to maintain a warm environment, which is essential for recovery and to promote normal physiological function. A warm, moist environment aids in muscle relaxation and promotes uterine contraction to facilitate egg passage.
- **Lubrication of the Cloaca:** The cloaca was lubricated with lignocaine jelly to reduce friction and ease the passage of the egg. This step is critical in ensuring that the egg is not obstructed during manual intervention.
- **Manual Extraction of Egg Contents:** In the present case, a 20 gauge needle was carefully inserted into the egg, and the contents of the egg were withdrawn. This process was done to reduce the size and pressure exerted by the egg on the cloaca and internal pelvic structures. The egg was then carefully collapsed, and the shell fragments were withdrawn using a haemostat to prevent any blockage or injury to the cloaca.
- **Post-Extraction Care:** After the egg was successfully removed, the bird was given further SC fluids and corticosteroids to reduce inflammation and support recovery. The bird was monitored closely, and supportive care continued. The bird was placed back in the incubator to maintain warmth and comfort during recovery.
- **Nutritional Support:** Medical therapy for egg binding includes providing proper nutrition to address underlying deficiencies. In this case, the bird was provided with oral supplemental calcium, vitamins A and D, and other necessary trace minerals to promote recovery. In the anorectic bird, oral dextrose or small gavage feeding should be given to ensure adequate nutrition.

Figures

Fig 1: Radiographs showing egg-lodged in cloaca

Fig 2: Fluffed-up appearance

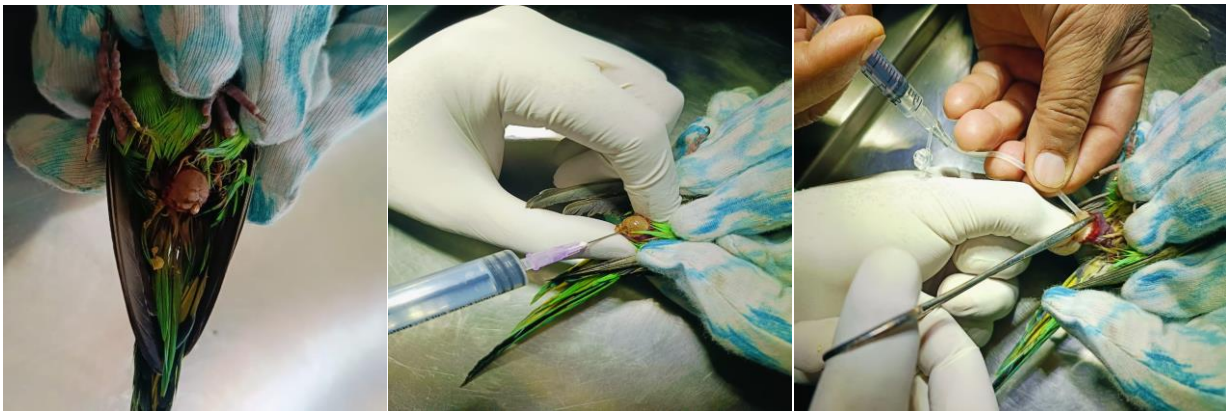

Fig 3: Prolapsed cloaca, aspiration of egg contents and removal of collapsed egg fragments

Fig 4: The bird in normal state after the complete recovery

Conclusion

Egg binding is a serious but treatable condition, commonly seen in pet birds like budgerigars, cockatiels, and finches. It is often triggered by poor diet, lack of exercise, or stress, with calcium, protein, and fat deficiencies increasing the risk. Prompt intervention, including fluids, calcium, and supportive care, can resolve the condition without surgery. In severe cases, manual extraction or surgery may be necessary. Early diagnosis and addressing nutritional deficiencies are crucial for successful recovery, and preventative measures like proper diet and environmental enrichment help reduce the risk of egg binding.

Conflict of Interest

Not available

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