

Successful Management of Egg Bound Condition in Nondescript Hen (*Gallus gallus domesticus*)—A Case Report

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Abstract

A one-year-old nondescript hen was presented with a swelling at the caudal abdomen. Based on the findings of physical examination the condition was diagnosed as egg bound syndrome and was decided for conservative treatment. The egg was removed manually after proper lubrication with liquid paraffin. The bird recovered well and no further complications were reported.

Keywords: egg bound condition, nondescript hen, liquid paraffin

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INTRODUCTION

Egg binding is the condition characterized by lodgment of egg in cloaca and difficulty in laying [1]. This condition could also be termed as dystocia of hen. It is not uncommon in pet birds [2], in broiler breeds [3] and may lead to fatal peritonitis and high mortality. In the present paper, diagnosis and management of an egg bound condition in a nondescriptive hen was reported.

HISTORY AND CLINICAL OBSERVATION

A one-year-old nondescript hen was presented to the Department of Veterinary Clinical Complex, NTR College of Veterinary Science, Gannavaram, Sri Venkateswara Veterinary University, Tirupati, India with a history of caudal abdomen swelling and severe straining with mucus discharge from the cloacae for the past one day. Physical examination revealed lodgment of egg at the terminal part of the oviduct. The bird appeared dull and depressed.

TREATMENT AND DISCUSSION

The bird was stabilized with intramuscular injection of Dexamethasone at the rate of 1 mg/kg body weight and washed the cloaca with normal saline to remove the dirt and debris. About 2% Lignocaine gel was applied to the cloaca mucosa to desensitize it and to enable manipulation. Liquid paraffin was administered in between the egg and cloaca

mucosa to lubricate the cloaca. By gentle manipulation with fingers the egg was removed carefully without breaking it (Figure 1). Postoperatively the hen was administered with 2.5 IU of injection Oxytocin; 0.3 ml of injection Meloxicam for two days; 0.5 ml of injection Gentamicin for two days intramuscularly. Owner was advised to provide the hen with shell grit daily. The bird recovered uneventfully with no complications.



Fig. 1: Egg Removed from Terminal Part of Oviduct by Gentle Manipulation (Unbroken Egg).

In the present case, the egg bound condition appeared in a one-year-old hen which was in concomitance with the statement of Charlton [4] who stated that, egg bound condition was

common in young female birds at starting stage of laying period. Egg binding is an emergency medical condition in avian species which may affect the life of the birds if left untreated [5]. In the present case, the bird appeared dull and depressed by the time of its presentation which suggests that the condition may become worsen if delayed further. The exact aetiology responsible for this condition is not known in the present case. Usually this condition may result from salphingitis, atony or paralysis of oviduct muscle [6], or too large-sized egg [1]. Srinivasan [7] reported that heat stress (28.66%), asphyxia (23.23%), hypocalcaemia (17.35%), salphingitis (7.54%), large-sized egg (6.18%), dehydration (5.73%), vent trauma (5.28%), obesity (3.62%), abnormal ovulation (1.81%) and oviduct neoplasm (0.60%) are various factors responsible for egg bound condition. The hen was offered unpolished rice and bajra as a feed in the present case. This could be assumed as a responsible factor and advised the owner to feed calcium-rich feed. Conservative treatment was adopted in the present case to treat this condition. Joy and Divya [8] opined that gentle physical manipulation is sufficient to treat the condition, in failure cases surgery could be adopted. Saif [9] opined that, Prolapse of the oviduct was the most common complication, if the egg bound condition was left untreated, but in the present condition such complications were not reported.

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